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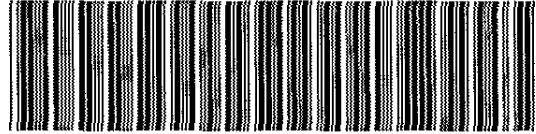
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Black Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☒ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2006

HOLLAND & KNIGHT

TALLAHASSEE, FL

SUBJECT: BLACK LIMITED PARTNERSHIP
Ref. Number: W06000055269

*Collected
2/2/07*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BLACK LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,000.00 payment.,

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 406A00072739

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
BLACK DG LIMITED PARTNERSHIP**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partner represents that it has formed a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (the "Act"), and that it has executed this Certificate of Limited Partnership pursuant to the foregoing Act and states herein as follows:

I. Name

The name of the limited partnership is BLACK DG LIMITED PARTNERSHIP.

II. Business Address

The business address of the partnership is:

507 Bald Eagle Drive
Jupiter, Florida 33477

III. Registered Agent and Registered Office

The address of the registered office of the partnership and the name of the registered agent for service of process located at that office are as follows:

Intrastate Registered Agent Corporation
701 Brickell Avenue
Suite 3000
Miami, Florida 33131

IV. General Partner

The name and business address of the general partner of the partnership is as follows:

Black, LLC
507 Bald Eagle Drive
Jupiter, Florida 33477

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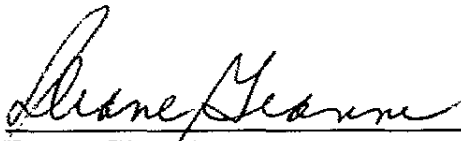
V. Mailing Address

The mailing address of the partnership is as follows:

701 Brickell Avenue
Suite 3000
Miami, Florida 33131

The undersigned General Partner of the partnership has executed this Certificate of Limited Partnership on February 1, 2007.

Black, LLC, a Florida limited liability
company, as General Partner

By: 
Diane Gianni
Its: Manager

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT
AND AGENT FOR SERVICE OF PROCESS**

The undersigned, having been designated the agent for service of process pursuant to Section 620.1117, Florida Statutes and Registered Agent pursuant to Section 620.1114, Florida Statutes BLACK DG LIMITED PARTNERSHIP, a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (1986), does hereby accept such designation and the obligations provided for in Section 620.1117 and 620.1114, Florida Statutes.

Dated this 1st day of February, 2007.

INTRASTATE REGISTERED AGENT
CORPORATION

By: *Frances Gail Faigenblat*
Frances Gail Faigenblat, Vice President

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