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To:

Division of Corporations Fax Number : (850)205-0383

Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561)995-4704
Fax Number : (561)241-7145

FLORIDA/FOREIGN LP/LLP

MSF Partners IIIP

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052,50

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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. MSF PARTNERS, LLLP (Street address of initial designated office) 1 North Clematis Street, Suite 300, West Palm Beach, FL 3. (Name of Registered Agent for Service of Process) 4. (Florida street address for Registered Agent) 1 North Clematis Street, Suite 300, West Palm Beach, FL 3340 5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. S Signature of Registered Agent 6. (Mailing address of initial designated office) 1 North Clematis Street, Suite 300, West Palm Beach, FL 33401

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7. If limited partnership elects to be a limited liability limited partnership, check box

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Name:	Business	Address:	
MSF, LLC	1 North Clematis Street, Suite 300		<u>) </u>
	West Palm Beac	ch, FL 33401	
	L07-5	54805	
9. Effective date, if other than the date of filing: N/	,	•	
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Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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