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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

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**FILED**  
2007 SEP 27 PM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP  
OF  
HAMMER CRP PARTNERS LLLP**

1. HAMMER CRP PARTNERS LLLP

(name of Limited Liability Limited Partnership must contain a suffix such as "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP")

2. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(The business address of the Limited Partnership)

3. Steven A. Sciarretta, Esquire

(Name of Registered Agent for Service of Process)

4. 2799 NW Boca Raton Blvd., Suite 203, Boca Raton, FL 33431

(Florida street address of Registered Agent)

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.

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(Registered Agent must sign here to accept designation as Registered Agent)

6. Set forth on Line #2

(The mailing address of the Limited Partnership)

7. This Limited Partnership elects to be a Limited Liability Limited Partnership.

8. NAME OF GENERAL PARTNER

SPECIFIC ADDRESS

HAMMER CRP MANAGEMENT LLC

2799 NW Boca Raton Blvd.  
Suite 203  
Boca Raton, FL 33431

9. The effective date of this limited liability limited partnership shall be the date of filing.

Signed this 21<sup>st</sup> day of September, 2007  
Signature of General Partner:

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Steven A. Sciarretta  
On behalf of Hammer CRP Management, LLC

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TALLAHASSEE, FLORIDA

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