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CANFLOR NORTH FLORIDA, LLLP

Certificate of Status	0
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JUN - 1 2008

EXAMINER

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
CANFLOR NORTH FLORIDA, LLLP**

THE UNDERSIGNED, desiring to form the Limited Partnership of CANFLOR NORTH FLORIDA, LLLP (the "Partnership"), pursuant to the Revised Uniform Limited Partnership Act of the State of Florida, hereby adopts, files, swears to and certifies this Certificate:

1. Name. The name of the Partnership is CANFLOR NORTH FLORIDA, LLLP (the "Partnership").

2. Location of the Principal Office and Mailing Address of the Partnership. The principal office of the Partnership is located at and its mailing address is 5393 Shoreline Circle, Sanford, FL 32771.

3. Agent for Service of Process. The name and address of the agent for service of process on the Partnership shall be Mark Koivu 5393 Shoreline Circle, Sanford, FL 32771.

4. Acceptance of Registered Agent Designation. Having been named to accept service of process for the above-named limited partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent.


Mark Koivu

5. Name and Business Address of the General Partner. The name and business address of the General Partner is as follows:

JAXOLD CORPORATION
5393 Shoreline Circle
Sanford, FL 32771

894-47931

6. The partnership elects to be a limited liability limited partnership.

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The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the parties hereby have sworn to and signed and will cause to be duly filed this Certificate of Limited Partnership. This Certificate is executed this 29th day of May, 2008.

"General Partner"

JAXOLD CORPORATION

By: 
Mark Koivu, President

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