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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

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ON 06/10/08**

FLORIDA/FOREIGN LP/LLLP

DEMAPRO GROUP LLLP.

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

1. DEMAPRO GROUP LLLP.

(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.

2. 4925 SW 75 AVENUE

(Street address of initial designated office)

MIAMI, FL 33155

3. ARAZOZA & FERNANDEZ-FRAGA, P.A.

(Name of Registered Agent for Service of Process)

4. 2100 SALZEDO STREET, SUITE 300

(Florida street address for Registered Agent)

CORAL GABLES, FL, 33134

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.



Signature of Registered Agent

6. 4925 SW 75 AVENUE

(Mailing address of initial designated office)

MIAMI, FL 33155

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

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8. Name and business address of each general partner:

Name:Business Address:

SICILIA HOLDINGS PARTNERS LLP

4925 SW 75 AVENUE

LLP 050004257

MIAMI, FL 33155

9. Effective date, if other than the date of filing: DATE OF FILING WITH THE FLORIDA DEPT. OF STATE

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*Signed this 9th day of JUNE, 2008

Signature of each general partner:

SICILIA HOLDINGS PARTNERS LLP.

By: Elizabeth D. Mayo
Name
PartnerSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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