

To: The Florida Dept. of State
Subject: 000672.97912

From: Ashley Smith

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Division of Corporations

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Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
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000672.97912

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R.A. BEARD PARTNERS I, LLLP

Certificate of Status	1
Certified Copy	0
Page Count	03
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EXAMINER

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
R.A. BEARD PARTNERS I, LLLP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. **Name of the Partnership.** The name of the Partnership shall be **R.A. BEARD PARTNERS I, LLLP**.

2. **Address of Designated Office; Agent for Service of Process.** The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at **101 East Kennedy Boulevard, 6th Floor, Tampa, Florida 33602**, and the name of the Partnership's agent for service of process at said address is **Allison B. Luzier**.

3. **Name and Address of the General Partner.** The name and address of the General Partner of the Partnership are as follows:

Name

Address

R.A. Beard Managers, LLC

101 East Kennedy Boulevard, 6th Floor
Tampa, Florida 33602

4. **Mailing Address for the Partnership.** The mailing address for the Partnership shall be **c/o Allison B. Luzier, 101 East Kennedy Boulevard, 6th Floor, Tampa, Florida 33602**.

5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Liability Limited Partnership Agreement for **R. A. BEARD PARTNERS I, LLLP**.

6. **Limited Liability Limited Partnership.** The Partnership elects to be a limited liability limited partnership.

DATED this 6th day of January, 2009.

GENERAL PARTNER:

R.A. BEARD MANAGERS, LLC, a Florida
limited liability company

By: Allison B. Luzier
Allison B. Luzier, Manager

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Date: January 6, 2009

Allison B. Luzier
ALLISON B. LUZIER