

**A09000000057**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN 22 AM 9:00

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**FLORIDA/FOREIGN LP/LLLP**

**CNCW Investment Partnership I, Ltd.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

**S. HAWKES**

JAN 23 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILED**  
09 JUN 22 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. CNCW Investment Partnership I, Ltd.

(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.P.  
or LLLP.

2. 184 Twelve Oaks Lane

(Street address of initial designated office)

Freeport, FL 32439

3. C. Wayne Jones

(Name of Registered Agent for Service of Process)

4. 184 Twelve Oaks Lane

(Florida street address for Registered Agent)

Freeport, FL 32439

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.

x

C. Wayne Jones  
Signature of Registered Agent

6. 184 Twelve Oaks Lane

(Mailing address of initial designated office)

Freeport, FL 32439

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:CNCW Management I, Inc.184 Twelve Oaks LaneFreeport, FL 32439

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JAN 22 AM 9:00

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9. Effective date, if other than the date of filing: \_\_\_\_\_

(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 22nd day of January, 2009

Signature of each general partner:

CNCW MANAGEMENT I, INC.

By: C. Wayne Jones

C. Wayne Jones, President

## Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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