

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

(850) 224-1640

000150-101233.2

FLORIDA/FOREIGN LP/LLLP

MAINSTREAM PARTNERS VIII, LTD.

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EXAMINER

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Corporate Filing Menu

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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP

1. Name: The name of the Partnership shall be:

MAINSTREAM PARTNERS VIII, LTD.

2. Street and Mailing Address: The street and mailing address of the initial designated office of the Partnership shall be:

c/o The Easten Group 10165 NW 19th Street Miami, FL 33172

3. Registered Agent: The Registered Agent and Registered Office of the Partnership in the State of Florida is:

Name:

Edward W. Easton

Address:

10165 NW 19 Street Miami, FL 33172

4. Acceptance and Appointment of Registered Agent:

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 statues 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.

Registered Agent's Signature

- 5. <u>LLLP Election</u>: The Partnership does <u>not</u> elect to be a limited liability limited partnership.
- 6. General Partner: The name and address of the sole general partner of the Partnership is:

Mainstream GP, LLC c/o The Easton Group 10165 NW 19th Street Miami, FL 33172

7. <u>Effective Date</u>: The effective date shall be the date of filing of this Certificate with the Department of State of the State of Florida.

[Signature page follows]

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
H090000

To: The Flori	ida Dept. of State	
Subject: 000	0150.101233.2	

From: Ashley Smith

Friday, March 06, 2009 4:22 PM Page: 3 of 3

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IN WITNESS WHEREOF, the undersigned does hereby execute this Certificate of Limited Partnership this 6 day of 772000, 2009.

GENERAL PARTNER:

MAINSTREAM GIP, ILC, a Florida Noticed liability

сотралу

By:____ Name:___ Title:____

ame: Edicard L. Gasto

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SECRETARY OF STATES
TALLAHASSEE FLORID