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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

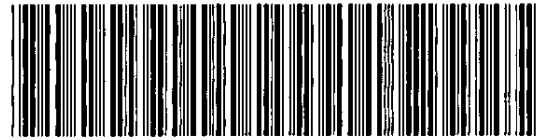
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/09--01002--031 **1000.00

RECEIVED
09 MAY 29 PM 4:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAY 29 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
JUN - 1 2009
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 05/29/09

REF. #: 0150.104840

CORP. NAME: EWE WAREHOUSE INVESTMENTS XXV, LP

File second

FILED
09 MAY 29 AM 10:45
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530459 FOR \$ 1000.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP**

FILED
09 MAY 29 AM 10:45
TALLAHASSEE, FLORIDA

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

EWE WAREHOUSE INVESTMENTS XXV, LTD.

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

c/o The Easton 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 J. Easton
Address: 10165 N.W. 19th 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 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.



Registered Agent's Signature

5. **LLLP Election:** The Partnership does not elect to be a limited liability limited partnership.

6. **General Partner:** The name and address of the sole general partner of the Partnership is:

EWE Warehouse Investments XXV, LLC
c/o The Easton Group
10165 NW 19th Street
Miami, FL 33172

L09000052713

7. **Effective Date:** 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]

IN WITNESS WHEREOF, the undersigned does hereby execute this Certificate of Limited Partnership this 28 day of May, 2009.

GENERAL PARTNER:

**EWE WAREHOUSE INVESTMENTS XXV, LLC, a
Florida limited liability company**

By: 

Edward J. Easton, Manager

ORL 297,322,807v1