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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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FLORIDA CAPITAL MEZZANINE PARTNERS, LTD.

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C. LEWIS

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TALLAHASSEE, FLORIDA

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

1. FLORIDA CAPITAL MEZZANINE PARTNERS, LTD.

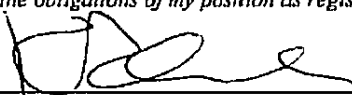
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 300 International Parkway, Suite 300, Heathrow, FL 32746
(Street address of initial designated office)

3. Katherine A. Christy
(Name of Registered Agent for Service of Process)

4. 300 International Parkway, Suite 300, Heathrow, FL 32746
(Florida street address for Registered Agent)

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. 300 International Parkway, Suite 300, Heathrow, FL 32746
(Mailing address of initial designated office)

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

