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FLORIDA/FOREIGN LP/LLLP N SQUARED, LLLP

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CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIPS SEE, FLORIDA OF N SQUARED, LLLP

The undersigned, in forming a Florida limited liability limited partnership under the Florida Revised Uniform Limited Partnership Act of 2005, as amended, Chapter 620 of the Florida Statutes, hereby adopts the following Certificate of Limited Partnership:

- 1. The name of the limited liability limited partnership is N SQUARED, LLLP (hereinafter, the "Partnership").
- 2. The mailing and principal address of the Partnership is c/o PERDOMO HOLDINGS, LLC, 8275 NW 157 Terrace, Miami Lakes, Florida 33014.
- 3. The name and street address of the initial registered agent of the Partnership are CORPORATION SERVICE COMPANY, 1201 Hays Street, Tallahassee, Florida 32301.
- 4. The name and business address of the general partner of the Partnership are PERDOMO HOLDINGS, LLC, 8275 NW 157 Terrace, Miami Lakes, Florida 33014. L1000006525
 - 5. The Partnership is a limited liability limited partnership.

Under penalties of perjuty the undersigned has read the foregoing and know the contents thereof and that the facts herein are true and correct.

Signed this 19th day of January, 2010.

GENERAL PARTNER

PERDOMO HOLDINGS, LLC

NICHOLAS I. PERDOMO, Member,

Manager

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for N SQUARED, LLLP at the place designated in paragraph 3 of the Certificate of Limited Liability Limited Partnership, CORPORATION SERVICE COMPANY hereby accepts the appointment as registered agent and agree to act in this capacity. CORPORATION SERVICE COMPANY further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 620, Florida Statutes.

CORPORATION SERVICE COMPANY

By: ______ Jeanine Reynolds

Name: ______ as its agent

Date: ______ 2010

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SECRLIARY OF STATE
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