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To:

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

From:

Account Name : PATRICK M. WHITEHEAD, P.A.
Account Number : 120090000003
Phone : (561) 833-5553
Fax Number : (561) 833-5628

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Loxahatchee Capital Partners, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
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D. BRUCE

MAR 24 2010

EXAMINER

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
LOXAHATCHEE CAPITAL PARTNERS, LLLP**

This Florida Limited Partnership is created pursuant to Section 620.1201, Florida Statutes.

1. Name of the limited partnership:

Loxahatchee Capital Partners, LLLP

2. The street and mailing address of the designated office of the limited partnership:

215 South Olive Avenue, Suite 400
West Palm Beach, Florida 33401

3. The name and address of the registered office and registered agent for service of process:

Registered Agent:
Patrick M. Whitehead, Esq.

Address:
215 South Olive Avenue, Suite 400
West Palm Beach, Florida 33401

4. The name and business address of the general partner:

Name:
Christopher E. Haass

Address:
8051 Murano Circle
Palm Beach Gardens, FL 33418-8175

5. The limited partnership elects to be a limited liability limited partnership.

6. This certificate will be effective upon filing.

WHEREFORE, the undersigned has executed this Certificate as General Partner of Loxahatchee Capital Partners, LLLP as of the 23rd day of March, 2010.


Christopher E. Haass
General Partner

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me on behalf of Loxahatchee Capital Partners, LLLP, by Christopher E. Haass, its General Partner, on this 23rd day of March, 2010 who is personally known to me or who has produced _____ as identification, and who acknowledged before me that the foregoing instrument was executed as a free and voluntary act for the uses and purposes therein set forth.

(SEAL)



Patrick Whitehead
Commission # DP576750
Expires July 23, 2010
Bonded Trust Firm - Insurance, Inc. 800-365-7019


Notary Public _____

My Commission Expires: _____

My Commission number is: _____

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10 MAR 23 AM 7:01
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TALLAHASSEE, FLORIDA

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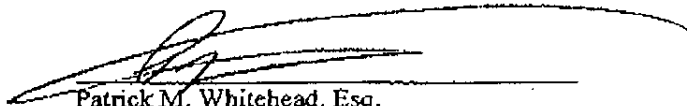
**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That Loxahatchee Capital Partners, LLP desiring to organize under the laws of the State of Florida, has named Patrick M. Whitehead, Esq., located at the Registered Office of the corporation at 215 South Olive Avenue, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated limited partnership at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Patrick M. Whitehead, Esq.
Registered Agent

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10 MAR 23 AM 7:01
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TALLAHASSEE, FLORIDA

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