

Florida Department of State

Division of Corporations

Electronic Filing Oversight

A1000000293

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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) 558-1515

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
MB RESOURCE HOLDINGS, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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Electronic Filing Menu

Corporate Filing Menu

Help **J. BRYAN**

MAY 21 2010

EXAMINER

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

1. MB RESOURCE HOLDINGS, LTD.

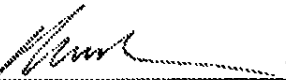
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P., or L.L.P.

2. 3003 Tamiami Trail North, Suite 400, Naples, FL 34103
(Street address of initial designated office)

3. Robert D. Corina
(Name of Registered Agent for Service of Process)

4. 3003 Tamiami Trail North, Suite 400, Naples, FL 34103
(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. 3003 Tamiami Trail North, Suite 400, Naples, FL 34103
(Mailing address of initial designated office)

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

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8. Name and business address of each general partner:

Name:

Business Address:

Collier Enterprises, Inc.

3003 Tamiami Trail North, Suite 400

Naples, FL 34103

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 19th day of May, 2010

Signature of each general partner:

X [Signature]

ROBERT D. CORNA, AS VICE PRESIDENT OF

COLLIER ENTERPRISES, INC.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75