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Florida Department of State
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To:

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

000174.153140

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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Email Address: _____

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP
PRETZEL LOGIC I, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

T. HAMPTON

8/22/2011

EXAMINER

8/22/2011 1:56 PM

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

1. PRETZEL LOGIC I, LLLP

*(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. Northern Trust Building, 901 Venetia Bay Blvd., Suite 350

(Street address of initial designated office)

Venice, FL 34285

3. Jeffrey S. Russell

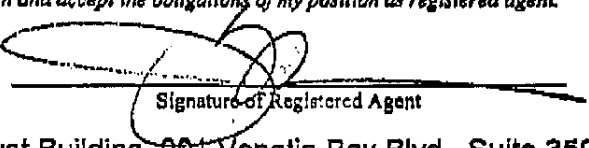
(Name of Registered Agent for Service of Process)

4. 240 South Pineapple Ave., 9th Floor

(Florida street address for Registered Agent)

Sarasota, FL 34236

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. Northern Trust Building, 901 Venetia Bay Blvd., Suite 350

(Mailing address of initial designated office)

Venice, FL 34285

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

8. Name and business address of each general partner:

Name:Business Address:Pretzel Logic I USA, LLCNorthern Trust Building901 Venetia Bay Blvd., Suite 350Venice, FL 34285

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 _____ day of _____.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

See attached

Filing Fees:

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\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the undersigned managing general partner of PRETZEL LOGIC I, LLLP, a Florida limited liability limited partnership, this 22nd day of August, 2011.

WITNESSES:

MANAGING GENERAL PARTNER

Pretzel Logic I USA, LLC

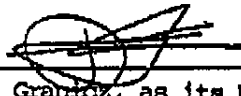
MARGARET GRALICZ

Print Name:

M. Gralicz

Print Name:

By:


Robert Gralicz, as its ManagerAddress: 901 Venetia Bay Blvd.
Suite 350
Venice, FL 34285

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