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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Moore Capital Investment Partnership, LLLP

Signature _____

Requested by: SETH

01/19/12

Name _____

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
MOORE CAPITAL INVESTMENT PARTNERSHIP, LLLP
a Florida Limited Liability Limited Partnership**

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The undersigned general partner, desiring to form a limited liability limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005 as set forth in Chapter 620 of the Florida Statutes, hereby state the following:

1. The name of the limited liability limited partnership (the "LLLP") is MOORE CAPITAL INVESTMENT PARTNERSHIP, LLLP.

2. This limited partnership is a limited liability limited partnership.

3. The effective date of the LLLP for accounting purposes is January 1, 2012.

4. The address of the principal office of the LLLP, and its mailing address, is 8270 Hugh Alison Place, Sarasota, Florida 34240.

5. The name and address of the initial registered agent for service of process on the LLLP is as follows:

Donnie M. Moore	8270 Hugh Alison Place Sarasota, Florida 34240
-----------------	---

6. The name and business address of the general partner of the LLLP is as follows:


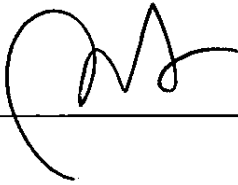
Donnie M. Moore	8270 Hugh Alison Place Sarasota, Florida 34240
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The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner on the date set forth below.

WITNESSES:

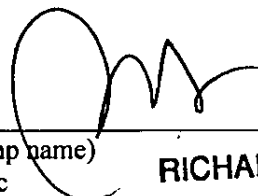




DONNIE M. MOORE
Dated: 1/18, 2012

STATE OF FLORIDA

COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on 1/18, 2012, by DONNIE M. MOORE, who ☒ is personally known to me or who ☐ has produced _____ as identification.


(Print or stamp name) **RICHARD R. GANS**
Notary Public
My Commission Expires _____
Commission Expiration Date _____



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for the MOORE CAPITAL INVESTMENT PARTNERSHIP, LLLP (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.


DONNIE M. MOORE

3994127.25304