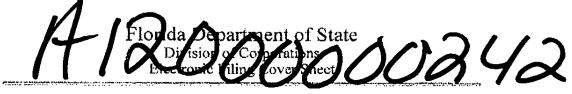
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001185523)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAURIG -- FORT LAUDERDALE

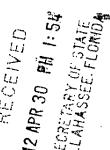
Account Number : 120040000196 Phone

: (954)765-0500

Fax Number

: (954)765-1477

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



FLORIDA/FOREIGN LP/LLLP CMCOLL INVESTMENT, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$1,052.50

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Transmittal Cover Sheet

From:

Tel:

Fax:

Meredith Kimmel

954-468-1722

954-759-5539

To:	Fax No:	Company:	Phone No.:
Division of Corporations	18506176383	Florida Department of State	

File No.: 131994.010100

Re: Certificate of Limited Partnership

Date: 4/30/12 12:25 PM

No. Pages: Including Cover Sheet 3

If you do not receive all pages properly, please call the sender.

Notes: Please file the attached Certificate of Limited Partnership with the Florida Secretary of State. Please feel free to contact me with any questions.

Thank you, Meredith

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H120001185523

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP FOR

CMCOLL INVESTMENT, LLLP

- 1. The name of the limited liability limited partnership is CMCOLL INVESTMENT, LLLP (the "Limited Liability Limited Partnership").
- 2. The street address of the initial designated office of the Limited Liability Limited Partnership is 4093 MAURICE DRIVE, DELRAY BEACH, FL 33445.
- 3. The name of the registered agent for service of process shall be C. MIGUEL COLL (the "Registered Agent").
- 4. The Florida address for the Registered Agent is 4093 MAURICE DRIVE, DELRAY BEACH, FL 33445.
- 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.

6. The mailing address of the initial designated office of the Limited Liability Limited Partnership is 4093 MAURICE DRIVE, DELRAY BEACH, FL 33445.

7. The name and business address of the general partner is C. MIGUEL COLL whose address is 4093 MAURICE DRIVE, DELRAY BEACH, FL 33445.

8. The effective date of the Limited Liability Limited Partnership is the date of Hing the Secretary of State of the State of Florida.

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

Executed this 20 day of April , 2012.

GENERAL PARTNER:

MIA 182,148,887v2 131994.010100