

Division of Corporations

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A12000000242
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : GREENBERG TRAUIG -- 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 future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGN LP/LLLP
CMCOLL INVESTMENT, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	01
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D. BRUCE

MAY 01 2012

EXAMINER

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Transmittal Cover Sheet

From: Meredith Kimmel Tel: 954-468-1722 Fax: 954-759-5539

Table with 4 columns: To, Fax No., Company, Phone No. Row 1: 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

FILED 12 APR 30 PM 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the address below via the U.S. Postal Service. We will reimburse you for your postage. Thank you.

H12000118552 3

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.

[Handwritten signature of C. Miguel Coll]
C. MIGUEL COLL

- 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 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:

[Handwritten signature of C. Miguel Coll]
C. MIGUEL COLL

FILED
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ALLAHASSEE, FLORIDA