A13000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N. Culligan MAR - 4 2013

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 552020 4311639

AUTHORIZATION :

COST LIMIT : $ 1052.50

ORDER DATE : February 28, 2013

ORDER TIME : 6:24 PM

ORDER NO. : 552020-010

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: CPMC MANAGER LP

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
XX____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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

1. CPMC Manager LP

(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. 225 N.E. Mizner Boulevard, Suite 200
(Street address of initial designated office)
Boca Raton, Florida 33432

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street
(Florida street address for Registered Agent)
Tallahassee, Florida 32301

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.*

Sue G. Knight
Assistant Vice President
Signature of Registered Agent

6. 225 N.E. Mizner Boulevard, Suite 200
(Mailing address of initial designated office)
Boca Raton, Florida 33432

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

8. Name and business address of each general partner:

Name: F07-4369	Business Address:
Crocker Partners Holding, Inc.	225 N.E. Mizner Boulevard, Suite 200 Boca Raton, Florida 33432

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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 27th day of February, 2013.

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.

Crocker Partners Holding, Inc., General Partner
By: _____
Angelo J. Bianco, Vice President

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