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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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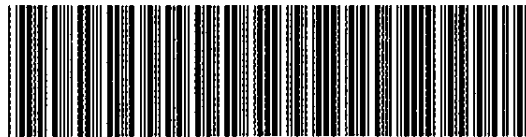
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
13 MAR - 1 AM 10:55

2013 MAR - 1 PM 1:41  
CLERK OF SUPREME COURT  
TALLAHASSEE FLORIDA

MAR 04 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 552020 4311639

AUTHORIZATION :

COST LIMIT : \$ 1052.50

*Susie Knight*

ORDER DATE : February 28, 2013

ORDER TIME : 6:23 PM

ORDER NO. : 552020-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: CPPM MANAGER LP

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION  
☒ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

2013 FEB 28 PM 1:41  
CORPORATION SERVICE COMPANY  
FILING

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

1. CPPM 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 ☐

2018 MAR -1 PM 1:41  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

8. Name and business address of each general partner:

Name:

Business Address:

Crocker Partners Holding, Inc.

225 N.E. Mizner Boulevard, Suite 200

Boca Raton, Florida 33432

FD9000004369

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