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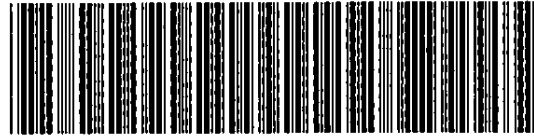
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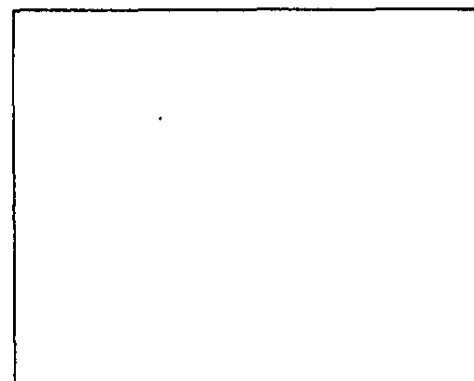
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ENTITY NAME:

TAYLORCANES INVESTMENTS, LLLP

CK# 16771 FOR \$ 1061.25

PLEASE FILE THE ATTACHED CERTIFICATE OF LIMITED PARTNERSHIP &  
RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**

**FOR**

**FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. TAYLORCANES INVESTMENTS, LLLP  
Name of Limited Liability Limited Partnership
2. 279 Veleros Ct., Coral Gables, Florida 33143  
(Street Address of initial designated office)
3. Atrium Registered Agents, Inc.  
(Name of Registered Agent for Service of Process)
4. 1500 San Remo Ave., Suite 125, Coral Gables, Florida, 33146  
(Florida street address for Registered Agent)
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.

Atrium Registered Agents, Inc.

By: Robert A. Stamen  
Robert A. Stamen, Vice President
6. 1500 San Remo Ave., Suite 125, Coral Gables, Florida 331346  
(Mailing address of the initial designated office)
7. **The limited partnership hereby elects to be a limited liability limited partnership.**
8. Name and business address of the general partner:

TAYLORCANES GP, LLC  
279 Veleros Ct.,  
Coral Gables, Florida 33143

Page 2

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP  
OF TAYLORCANES INVESTMENTS, LLLP**

9. Effective date: Date of filing.

Signed this 3 day of September, 2013.

Signature of General Partner:

TAYLORCANES GP, LLC,  
a Florida Limited Liability Company,  
General Partner

By: \_\_\_\_\_

  
JEFFREY C. TAYLOR, Manager

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