

A1460 0000155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

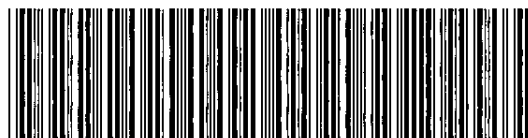
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256939157

RECEIVED
DEPARTMENT OF STATE
14 MAR 19 22 43 31

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
14 MAR 19 11 09 23

J. Shivers MAR 19 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 057610 12000A
AUTHORIZATION : [Signature]
COST LIMIT : \$ 1000.00

ORDER DATE : March 18, 2014
ORDER TIME : 2:56 PM
ORDER NO. : 057610-010 **PLEASE FILE 2ND** AFTER GP REGISTERS.
CUSTOMER NO: 12000A

DOMESTIC FILING

NAME: AZURE USA, LLLP

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

Vertical stamp: RECEIVED 11 FEB 2014 14 MAR 18 2014

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

1. Azure USA, LLLP

(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. 2401 PGA Boulevard, Suite 272
(Street address of initial designated office)

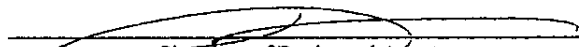
Palm Beach Gardens, FL 33410

3. Robert Lee Shapiro
(Name of Registered Agent for Service of Process)

4. 2401 PGA Boulevard, Suite 272
(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33410

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.*


Signature of Registered Agent

6. 2401 PGA Boulevard, Suite 272
(Mailing address of initial designated office)

Palm Beach Gardens, FL 33410

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

FILED
MAY 19 11 52 AM '09
TALLAHASSEE
FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Azure Contempo Events, Inc.

2401 PGA Boulevard, Suite 272

Palm Beach Gardens, FL 33410

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 10th day of March, 2014

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.

Azure Contempo Events, Inc.

Donna Hough
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

14 MAR 18 PM 9:23
FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA