

Jan 20 2015 2:16 PM
Division of Corporations

A15000000062

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

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TALLAHASSEE, FLORIDA

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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RECEIVED
15 JAN 20 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA/FOREIGN LP/LLLP
D1 Capital Investment(s) Partnership, Ltd.

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$1,008.75 |

JAN 20 2015

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

1. D1 Capital Investment(s) Partnership, Ltd.

(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. 1511 N. Westshore Boulevard, Ste. 700

(Street address of initial designated office)

Tampa, FL 33607

3. David M. Henderson

(Name of Registered Agent for Service of Process)

4. 1511 N. Westshore Boulevard, Ste. 700

(Florida street address for Registered Agent)

Tampa, FL 33607

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.*

x *David Henderson*
Signature of Registered Agent

6. 1511 N. Westshore Boulevard, Ste. 700

(Mailing address of initial designated office)

Tampa, FL 33607

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

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8. Name and business address of each general partner:

Name:Business Address:Henderson Family Office, Inc.1511 N. Westshore Boulevard, Ste. 700Tampa, FL 33607

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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 ~~December 19th~~ day of December, 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.

HENDERSON FAMILY OFFICE, INC.

By: David M. Henderson
David M. Henderson, 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

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