

**A-15000006 JSS**

**Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLLP  
FORT BROOKE CAPITAL FUND, LP**

Certificate of Status	0
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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FORT BROOKE CAPITAL FUND, LP**

In accordance with Section 620.1201, Florida Statutes, the undersigned general partner hereby makes and files with the Florida Department of State this Certificate of Limited Partnership for purpose of forming a limited partnership as follows:

1. **Name.** The name of this limited partnership shall be **Fort Brooke Capital Fund, LP** (the "Partnership").

2. **Address.** The street and mailing address of the Partnership is:

4320 W. Kennedy Blvd.  
Tampa, Florida 33609

3. **Registered Agent and Address.** The name and address of the Partnership's agent is:

James W. Goodwin  
201 N. Franklin Street  
Suite 2000  
Tampa, FL 33602

4. **General Partner.** The name and address of the general partner is:

Fort Brooke Capital, LLC  
4320 W. Kennedy Blvd.  
Tampa, Florida 33609

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

Signed this 14<sup>th</sup> day of May, 2015.

**General Partner:**

Fort Brooke Capital, LLC

By: 

A. Trey Traviesa, Manager

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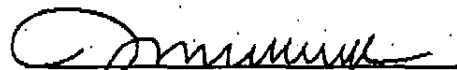
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**ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT**

The undersigned, James W. Goodwin, having been designated as Registered Agent of Fort Brooke Capital Fund, LP, hereby accepts appointment as Registered Agent and agrees 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.

Dated: May 14, 2015

  
James W. Goodwin  
Registered Agent

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