Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROETZEL & ANDRESS

Account Number : I20000000121

Phone Fax Number : (239)649-6200 : (239)261-3659

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. ** Email Address:

FLORIDA/FOREIGN LP/LLLP

BIMINI CENTRE OF CAPE CORAL, LP:40

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Corporate Filing Menu

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CERTIFICATE OF LIMITED PARTNERSHIP OF BIMINI CENTRE OF CAPE CORAL, LP

Pursuant to the provisions of Section 620.1202, Florida Statutes, BIMINI CENTRE OF CAPE CORAL, LP (the "Partnership"), a Florida limited partnership hereby adopts the following certificate of limited partnership:

ARTICLE I - NAME

The name of the Partnership is "Bimini Centre of Cape Coral, LP"

ARTICLE II - DESIGNATED OFFICE/MAILING ADDRESS

The street and mailing address of the designated office of this Partnership is 5797 Harbour Circle, Cape Coral, FL 33914.

ARTICLE III - REGISTERED OFFICE/REGISTERED AGENT

The name and address of the registered office and registered agent for this Partnership is:

Thomas Cirrincione 5797 Harbour Circle Cape Coral, FL 33914

The General Partner of this Partnership may from time to time change the registered agent and move the registered office to any other address in the State of Florida, all in accordance with Florida law.

ARTICLE IV - NAME/BUSINESS ADDRESS GENERAL PARTNER

The name and business address of the sole General Partner of this Partnership is:

Gulf Coast SW Regional Center, LLC 5797 Harbour Circle Cape Coral, FL 33914

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

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.

Thomas Cirrinctone

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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 Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Gulf Coast SW Regional Conta, LLC

Thomas Cirrincione, Manager

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CONSENT BY LIMITED LIABILITY COMPANY FOR NAME USE

I Thomas Cirrincione, as Manager and Owner of BIMINI CENTRE OF CAPE CORAL, LLC, Document No. L15000164404 consent that the LLC has released the name BIMINI CENTRE OF CAPE CORAL to be used by the LP for BIMINI CENTRE OF CAPE CORAL, LP as well.

BIMINI CENTRE OF CAPE CORAL, LLC

By: _

Thomas Chrincione, Manager and Owner