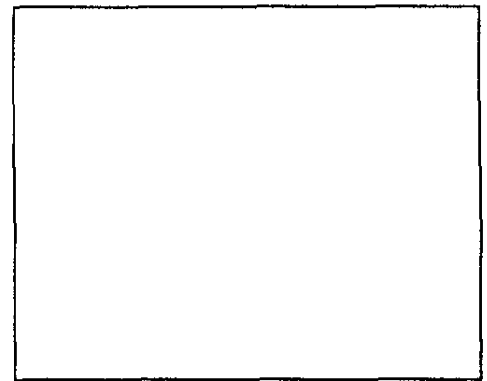


S. YOUNG

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WALK-IN

ENTITY NAME:

G.I. GROUP FLORIDA LP

CK# 22839 FOR \$1061.25

PLEASE FILE THE ATTACHED LIMITED PARTNERSHIP & RETURN THE  
FOLLOWING:

☒ XXX CERTIFIED COPY

☐ STAMPED COPY

☐ CERTIFICATE OF STATUS

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TALLAHASSEE, FLORIDA

Examiner's Initials

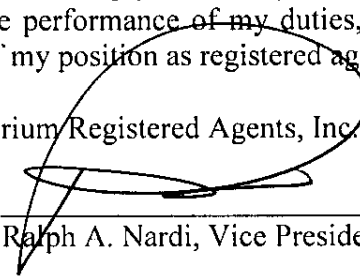
**CERTIFICATE OF LIMITED PARTNERSHIP**

**FOR**

**FLORIDA LIMITED PARTNERSHIP**

1. G.I. GROUP FLORIDA LP  
Name of Limited Liability Limited Partnership
2. 888 SE 3<sup>rd</sup> Avenue, Suite 500A, Ft. Lauderdale, FL 33316  
(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:   
Ralph A. Nardi, Vice President
6. 1500 San Remo Ave., Suite 125, Coral Gables, Florida 331346  
(Mailing address of the initial designated office)
7. Name and business address of the general partner:

G. I. GROUP MANAGEMENT INC.  
888 SE 3<sup>rd</sup> Avenue Suite 500A  
Ft. Lauderdale, FL 33316

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Page 2

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OF G. I. GROUP FLORIDA LP**

9. Effective date: Date of filing.

Signed this 11<sup>th</sup> day of January, 2016.

Signature of General Partner:

G. I. GROUP MANAGEMENT INC.  
General Partner

By: 

Richard Italia, Director

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.

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