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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 : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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
SPM CPT I LP

Certificate of Status	0
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2017 OCT -6 PM 3:05

FALL WASSER FLORIDA

SECRETARY OF STATE
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17 OCT -6 PM 12:30

FILED

S. WARREN
OCT 09 2017

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

1. SPM CPT I LP

(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 L.L.P.

2. 913 S PARSONS AVE, SUITE A
(Street address of initial designated office)

Brandon, FL 33511

3. Charee Russell
(Name of Registered Agent for Service of Process)

4. 913 S PARSONS AVE, SUITE A
(Florida street address for Registered Agent)

Brandon, FL 33511

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. 913 S PARSONS AVE, SUITE A
(Mailing address of initial designated office)

Brandon, FL 33511

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:

SPM CPGP LLC

4725 PROSPECT AVE

KANSAS CITY, MO 64130

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 5th day of October, 2017

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.

SPM CPGP LLC

By: William B. Welden

William B. Welden, Executive Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -6 PM 12: 50

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