



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

1. 3 CI HOLDINGS LLLP  
(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. 2300 E. Las Olas Boulevard, 5th Floor  
(Street address of initial designated office)  
Ft. Lauderdale, Florida 33301

3. COGENCY GLOBAL INC.  
(Name of Registered Agent for Service of Process)

4. 115 North Calhoun Street, Suite 4  
(Florida street address for Registered Agent)  
Tallahassee, Florida 32301

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.

Merritt Walker Merritt Walker, Asst. Secretary  
Signature of Registered Agent

6. 2300 E. Las Olas Boulevard, 5th Floor  
(Mailing address of initial designated office)  
Ft. Lauderdale, Florida 33301

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

## 8. Name and business address of each general partner:

Name:Business Address:

2 CI Holdings, LLC

2300 E. Las Olas Boulevard, 5th Floor  
Ft. Lauderdale, Florida 33301

FILED  
2020 JUN 16 PM 4:51  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA

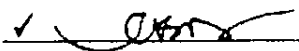
9. Effective date, if other than the date of filing: Upon Filing  
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 16th day of June, 2020

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.

2 CI Holdings, LLC, General Partner



By: Catherine DeFrancesco, Authorized Officer

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
 Certified Copy (optional): \$52.50  
 Certificate of Status (optional): \$8.75