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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

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Account Name : CORPORATION SERVICE COMPANY
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FLORIDA/FOREIGN LP/LLP

CDO PLUS INSURANCE DEDICATED FUND LP

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. CDO PLUS INSURANCE DEDICATED FUND 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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE (State or Country of Formation) 3. 3/9/2007 (Date of Formation)

4. rekon advisors llc (Name of Registered Agent for Service of Process)

5. 407 S.E. 1st Street (Florida street address for Registered Agent)

Delray Beach, FL 33483

6. 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.

rekon advisors llc By: [Signature] Signature of Registered Agent

7. 407 S.E. 1st Street, Delray Beach, FL 33483 (Principal office address)

8. If limited partnership is a limited liability limited partnership, check box []

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9. same as above
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

<u>rekun advisors llc</u>	<u>407 S.E. 1st Street</u>
(Name)	(Street Address)
<u>LOS-104051</u>	<u>Delray Beach, FL 33483</u>
	same
	(Mailing Address)
_____ (Name)	_____ (Street Address)
_____ (Name)	_____ (Street Address)
_____ (Name)	_____ (Street Address)
_____ (Name)	_____ (Street Address)
_____ (Name)	_____ (Street Address)

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_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
	(Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 9th day of MARCH, 2007

Signature of a general partner:
By: rekon 2/15/07 he, as general partner

By: _____
Donald Udertz
Authorized Person

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

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CDO PLUS INSURANCE DEDICATED FUND LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CDO PLUS INSURANCE DEDICATED FUND LP" WAS FORMED ON THE NINTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5496795

DATE: 03-12-07