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(((H07000268591 3)))



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To:

Division of Corporations Fax Number : (850)617-6383

From:

ACCOUNT Name CORPORATION SERVICE COMPANY

Account Number

T20000000195

Phone

Fax Number

(850)521-1000 (850)558-1575

FLORIDA/FOREIGN LP/LLP

CORECO I LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$1,008.75

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Corporate Filing Menu

Help

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1 CoreCo I Limited Partnership	·
Acceptable Limited Partnership suffices: Limited Acceptable Limited Liability Limited Partnership	which Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.	
	mited partnership or limited liability limited partnership ass in Plorida; must contain acceptable suffix.)
2. Delaware	3. October 23, 2007
(State or Country of Formation)	(Date of Formation)
4. Corporation Service Company	
W	Agent for Service of Process)
5_1201 Hays Street	
(Florida street add	ress for Registered Agent)
Tallahassee, FL 32301	
6. I hereby accept the appointment as registered comply with the provisions of all statutes relative and I am familiar with an accept the obligations of	agent and agree to act in this capacity. I further agree to to the pzoper and complete performance of my duties, I pri position as registered agent.
Corporation Sol	vice Company
By:	Brian Courtney
Signature 6	Registred Agent 705.
7. 2250 SW 3rd Ave. #301	
	il office address)
Miami, FL 33129	7 (B. A. W. I.)
8. If limited partnership is a limited liabil	ity limited partnership, check box

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	(Mailing address)	
Miami, FL 33129		_
0. Name, principal office address,	and mailing address of each general partner:	
CoreCo Partners I LLC	2250 SW 3rd Ave. #301	
(Name)	Miami, FL 33129	200
. 1011.	2250 SW 3rd Ave. #301	
1017-6484	Miami, FL 33129 Address)	
(Name)	(Street Address)	OT OCT 31 AM 9: 30
	(Mailing Address)	
(Name)	(Strest Address)	·
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	 .

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(Name)	(Street Address)
116	Odelling Address
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the da	ete of filing:
(Effective date cannot be prior	to nor more than 90 days after the date this document is
filed by the Florida Departmen	it of State.)
12. Attached is a certificate of a to the delivery of this application	existence duly authenticated, not more than 90 days prior on to the Florida Department of State, by the Secretary of
12. Attached is a certificate of a to the delivery of this application. State or other official having culaw of which it is organized.	existence duly authenticated, not more than 90 days prior on to the Florida Department of State, by the Secretary of istody of the entity's records in the jurisdiction under the day of October
12. Attached is a certificate of a to the delivery of this application. State or other official having culaw of which it is organized.	existence duly authenticated, not more than 90 days prior on to the Florida Department of State, by the Secretary of istody of the emity's records in the jurisdiction under the day of October

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORECO I LIMITED PARTNERSHIP" 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID *CORECO I LIMITED PARTNERSHIP" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2007.

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

4426951 8300 071172438 Warnet Smith Windsor. Scorceary of State

AUTHENTICATION: 6118713

DATE: 10-31-07