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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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**FLORIDA/FOREIGN LP/LLLP**

**Stokes Capital Fund, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

**D. BRUCE**  
SEP 26 2008  
**EXAMINER**

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

1. Stokes Capital Fund, L.P.  
(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

(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 3. September 17, 2008  
(State or Country of Formation) (Date of Formation)

4. CT Corporation System  
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324  
(Florida street address for Registered Agent)

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.

CT Corporation System

By: Maria Ozaeta Maria Ozaeta  
Signature of Registered Agent Vice President

7. 4315 Pablo Oaks Court, Jacksonville, FL 32224  
(Principal office address)

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

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9. 4315 Pablo Oaks Court, Jacksonville, FL 32224

(Mailing address)

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

Stokes Partners, L.L.C.

(Name)

4315 Pablo Oaks Court

(Street Address)

Jacksonville, FL 32224

4315 Pablo Oaks Court

(Mailing Address)

Jacksonville, FL 32224

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing 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 24<sup>th</sup> day of SEPTEMBER 2008

Signature of a general partner:  
 Single Partner, L.L.C. general partner

By:   
 John C. Kitchel, Vice President

Filing Fees:	\$1,000.00 (\$265 Filing Fee and \$735 Registered Agent Fee)
Certified Copy (optional):	\$53.50
Certificate of Status (optional):	\$8.75

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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 "STOKES CAPITAL FUND, L.P." 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 TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2008.

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

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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6873760

DATE: 09-25-08