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Florida Department of State  
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Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
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FLORIDA/FOREIGN LP/LLP  
OUTPOINT CAPITAL, LP

Certificate of Status	0
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A. LUNT

AUG -4 2010

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EXAMINER

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

1. Outpoint Capital, 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 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. February 28, 2005  
(State or Country of Formation) (Date of Formation)

4. Jordan A. Grayson  
(Name of Registered Agent for Service of Process)

5. 4755 Technology Way, Suite #202  
(Florida street address for Registered Agent)

Boca Raton, Florida 33431

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.

By: Jordan A. Grayson  
Jordan A. Grayson  
Signature of Registered Agent

7. 4755 Technology Way, Suite #202, Boca Raton, Florida 33431  
(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:

Outpoint GP, LLC

(Name)

4755 Technology Way

(Street Address)

Suite #202

Boca Raton, Florida 33431

(Mailing Address)

MI-3429

(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)

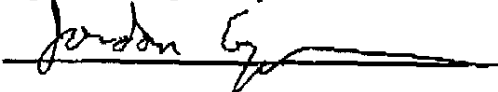
11. Effective date, if other than the date of filing: Not applicable

*(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 8th day of July, 20 10

Signature of a general partner:



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

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# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUTPOINT CAPITAL, 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 SECOND DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OUTPOINT CAPITAL, LP" WAS FORMED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2005.

3932654 8300

100794374

You may verify this certificate online  
at [corp.delaware.gov/authvar.shtml](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8147964

DATE: 08-02-10