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B. KOHR
OCT 25 2010

EXAMINER

10 OCT 22 PH 4: 55



ACCOUNT NO. : 12000000195
REFERENCE : 552418 7460691
AUTHORIZATION: Spulle man 3
COST LIMIT : \$ 1052.50
ORDER DATE: October 22, 2010
ORDER TIME: 4:01 PM
ORDER NO. : 552418-010
CUSTOMER NO: 7460691
FOREIGN FILINGS  NAME: BLACKBEARD CAPITAL DOMESTIC REIT FUND LP
XXXX QUALIFICATION (TYPE: <u>LP</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 2956
EXAMINER:

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

L Blackbeard Capital Domest	ic REIT Fund LP	
(Name of Limited Partnership or Lim Acceptable Limited Partnership suffixes: Acceptable Limited Liability Limited Part or LLLP.		or Ltd.
(If name unavailable, name under which proposes to register to transact	ch the limited partnership or limited lia et business in Florida; must contain acc	
2. Delaware	3. September 9, 20	010
(State or Country of Formation		
4. Corporation Service Compa		
(Name of Reg	gistered Agent for Service of Process)	•
5. 1201 Hays Street		
(Florida st	treet address for Registered Agent)	
Tallahassee, FL 32301		
6. I hereby accept the appointment as req comply with the provisions of all statutes i and I am familiar with an accept the oblig	relative to the proper and complete per	formance of my duties,
Corporati By	on Vervice Company	Sue G. Knight as its agent
Sig	nature of Registered Agent	
7. 6800 Broken Sound Parkwa	ay (Principal office address)	
Boca Raton, Florida 33487		

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

9. 6800 Broken Sound Parkway			
•	failing address)		
Boca Raton, Florida 33487			
10. Name, principal office address, and mailing address of each general partner:			
Blackbeard Capital GP LLC 6800 Broken Sound Parkway			
(Name)	(Street Address) Boca Raton, Florida 33487		
	-Same As Above-		
	(Mailing Address)		
(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 (Effective date cannot be prior to n filed by the Florida Department of	for more than 90 days after the date this document is
to the delivery of this application to	tence duly authenticated, not more than 90 days prior of the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the
Signed this 21 day	of October ,20 10
Signature of a general partner:	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fcc and \$35 Registered Agent Fce) \$52.50 \$8.75

## Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BLACKBEARD CAPITAL DOMESTIC REIT
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 TWENTY-SECOND DAY OF
OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKBEARD CAPITAL DOMESTIC REIT FUND LP" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2010.

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

4869938 8300

101020233

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 8305676\)

DATE: 10-22-10

You may verify this certificate online at corp.delaware.gov/authver.shtml