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ACCOUNT NO. : I2000000195

REFERENCE: 026765

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE: February 25, 2014

ORDER TIME : 3:36 PM

ORDER NO. : 026765-010

CUSTOMER NO: 4807453

#### FOREIGN FILINGS

NAME: ABRIKA CAPITAL MANAGEMENT,

L.P.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

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

(Nume of Acceptable Limited	tal Management, L.P.  Limited Partnership or Limited Liabilid Partnership suffixes: Limited Partnershid Liability Limited Partnership suffixes: L	ip, Limited, L.P., LP, or Ltd.	,	
If name unavailab	ole, name under which the limited partners business in Florida	hip or limited liability limited; must contain acceptable suffi		gister to transa
<sub>2</sub> Delaware				
~· <del></del>	State or Country of Formation	3. February 10, 20	of Formation	
4. Federal Employ	ver Identification Number: 46 -	4849798		
5. Name of Registe	ered Agent for Service of Process and Fl	orida Street Address:		
Brandon H. Co	ohen			
8250 SW 27th	Avenue			
Ocala, FL 344	176			
I hereby accept to fall statutes reimy position as reg	By: 100	gree to act in this capacity. I find any of my duties, and I am fan of Registered Agent	urther agree to comply winiliar with and accept the	th the provision obligations of
		_		
-		8. Mailing Address:		
8250 SW 27th	Avenue	8250 SW 27th Avenue	- 1	
Ocala, FL 34476 O		Ocala, FL 34476	gram yi Fara (S	
			· ·	
9. If limited partne	ership is a limited liability limited partne	ership, check box		्म - म
10. Name, principa	l office address, and mailing address of	each general partner:	•	
Name of Genera	l Partner: Abrika Capital Management GP	, LLC Name of General Partne	er:	e e e e e e e e e e e e e e e e e e e e
Street Address:	8250 SW 27th Avenue	Street Address:	N. W. C. C.	లు
	Ocala, FL 34476			
Mailing Address	8250 SW 27th Avenue	Mailing Address:		
	Ocala, FL 34476			
Name of General	Partner:	Name of General Partne	г:	
Street Address:		Street Address:		
Mailing Address:		Mailing Address:		

Name of General Partner:	Name of Genera	al Partner:	
Street Address:	Street Address:		
Mailing Address:	Mailing Address	s:	
	te date of filing:  or more than 90 days after the date this document is ence duly authenticated, not more than 90 days price		
Florida Department of State, by the state law of which it is organized.	Secretary of State or other official having custody	of the entity's records in the jurisdiction under	
Signed this 24 Th	day of February 20 14		
	na		
	Signature of a general partner Brandon H. Cohen, Manager of Abrika Capital Mana	gement GP, LLC, General Partner	
The individual signing this documen submitted in a document to the Depa	at affirm that the facts stated herein are true and the artment of State constitutes a third degree felony as	s provided for in s.817.155, F.S.	
Filing Fees: Certified Copy (o Certificate of Stat	pptional): \$52.50	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	
Ceruncate of Stat	tas (optional). 90.73		
	Page 2 of 2		

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ABRIKA CAPITAL MANAGEMENT, 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 FEBRUARY, A.D.
2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABRIKA CAPITAL MANAGEMENT, L.P." WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

5479778 8300

140235414

Jeffrey W Bullock, Secretary of State AUTHENTY CATION: 1160352

DATE: 02-25-14

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