Filing Fee: $100.00 **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

RECEIVED
2016 MAR 11 PM 12:52
SECRETARY OF STATE
CORPORATIONS DIV

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

   CFX North America LP
   (The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

   56 Pine Street, Suite 600, Providence, RI 02903

3. The name and address of the specified agent for service of process is HASLAW, Inc.

   100 Westminster Street, Suite 1500 (Street Address, **not** P.O. Box) | Providence (City/Town) | RI | 02903 (Zip Code)

4. The name and business address of each general partner is:

General Partner	Business Address
CFX NA, LLC	56 Pine Street, Suite 600, Providence RI 02903

5. The mailing address for the limited partnership is 56 Pine Street, Suite 600 (Street Address)

   Providence (City/Town) | RI (State) | 02903 (Zip Code)

12:52pm

FILED

MAR 11 2016

By 269867

KM

Form No. 300
Revised: 12/05

6. Any other matters the partners determine to include herein:

N/A

(If additional space is required, please list on separate attachment.)

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: March 11, 2016

By CFX NA LLC
John E. Lamere, Jr., its Member

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein