



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Certificate of Limited Partnership

DOMESTIC Limited Partnership

→ Filing Fee: \$100.00

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by RIGL 7-13-8, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership is:		
Diaz Opportunity Zone Fund Partnership, LP		
2. The address of the specified office in this state where the records of the limited partnership shall be kept is:		
Street Address (NOT a P.O. Box) 27 Oak Street		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Thomas J. Capalbo, III		
Street Address (NOT a P.O. Box) 67 High Street		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
4. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Andrew Diaz	27 Oak Street Westerly, RI 02891	
Katherine Diaz	27 Oak Street Westerly, RI 02891	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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5. The mailing address for the limited partnership is:

Address **27 Oak Street**

City/Town Westerly	State RI	Zip Code 02891
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6. Any other matters the partners determine to include herein:

Check the box to indicate an 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.

Type or Print Name of General Partner Andrew Diaz	Date 8/21/19
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Signature of General Partner


Type or Print Name of General Partner Katherine Diaz	Date 8/21/19
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Signature of General Partner


Type or Print Name of General Partner	Date
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Signature of General Partner



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 03, 2019 08:40 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

