## **Certificate of Limited Partnership**

Name of Limited Partnership:

PIOTROWSKI FAMILY LIMITED PARTNERSHIP

A05000002259 FILED December 20, 2005 Sec. Of State

Business Address of Limited Partnership:

6034 CHESTER AVE SUITE 207-F JACKSONVILLE, FL. US 32217

Mailing Address of Limited Partnership:

PO BOX 57363 JACKSONVILLE, FL. US 32241

The name and Florida street address of the registered agent is:

JAMES M PIOTROWSKI JR 10428 INVERNESS DR JACKSONVILLE, FL. 32257

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JAME M PIOTROWSKI JR

The latest date upon which the Limited Partnership is to be dissolved is:

01/01/2026

The name and address of all general partners are:

Title: G JAMES M PIOTROWSKI JR 10428 INVERNESS DR JACKSONVILLE, FL. 32257 US

Title: G TRACEY L PIOTROWSKI 10428 INVERNESS DR JACKSONVILLE, FL. 32257 US

The effective date for this Limited Partnership shall be:

01/01/2006

## Affidavit of Capital Contributions For Florida Limited Partnership

A05000002259 FILED December 20, 2005 Sec. Of State

The undersigned constituting all of the general partners of: PIOTROWSKI FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is:

0.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals:

2,000.00

Signed this Twentieth day of December, 2005

Under the penalties of perjury I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: JAMES M PIOTROWSKI General Partner Signature: TRACEY L PIOTROWSKI