

Certificate of Limited Partnership

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FILED
October 25, 2013
Sec. Of State
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Name of Limited Partnership:

WCAR LTD

Street Address of Limited Partnership:

516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL. 33756

Mailing Address of Limited Partnership:

516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL. US 33756

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

THOMAS F FLYNN
516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL. 33756

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

Registered Agent Signature: THOMAS F FLYNN

The name and address of all general partners are:

Title: G
WCAR LLC
516 LAKEVIEW ROAD #8
CLEARWATER, FL. 33756 US

Signed this Twenty Fifth day of October, 2013

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: THOMAS F FLYNN

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.