

# Certificate of Limited Partnership

A13000000678  
FILED  
November 04, 2013  
Sec. Of State  
tcline

Name of Limited Partnership:

DLJ FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

1756 SADDLEBACK RIDGE ROAD  
APOPKA, FL. 32703

Mailing Address of Limited Partnership:

1756 SADDLEBACK RIDGE ROAD  
APOPKA, FL. 32703

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

SADDLEBACK MANAGEMENT, LLC  
1756 SADDLEBACK RIDGE ROAD  
APOPKA, FL. 32703

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

Registered Agent Signature: DONNA RAYBURN

The name and address of all general partners are:

Title: G  
SADDLEBACK MANAGEMENT LLC  
1756 SADDLEBACK RIDGE ROAD  
APOPKA, FL. 32703

The effective date for this Limited Partnership shall be:

11/04/2013

Signed this Fourth day of November, 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: DONNA RAYBURN

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.