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Limited Partnership Office Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

RE: Best Family Limited Partnership

Dear Sir or Madam:

A-1257

I am enclosing the original and one copy of a Certificate of Limited Partnership for the above captioned proposed Florida limited partnership to be effective upon filing. Also enclosed is a check for the following fees:

Anticipated amount of capital contributions \$ 1,750.00

Certified copy of certificate of limited partnership 52.50

Registered agent fee \$ 35.00

Total \$ 1,837.50

Please file this Certificate of Limited Partnership and forward a certified copy to me. Thanks.

Sincerely,

cc: Mr. Frank Puissegur

Harred 2. Hackins, gr.

SECRETARY OF STATE
TAIL AHASSEE FLORIDA

FILED X

Certificate of Limited Partnership Of

Best Family Limited Partnership

I, the undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify the following:

Name

The name of the limited partnership is:

Best Family Limited Partnership

Office Address The limited partnership's office address is:

5410 Florida Ave S, Suite 12 Lakeland FL 33813-4909

Mailing Address The mailing address of the limited partnership is:

PO Box 6196

Lakeland FL 33807-6196

Registered

The name and address of the registered agent for service of process is:

Agent & Address

Frank Puissegur

5410 Florida Ave S, Suite 12 Lakeland FL 33813-4909

General Partner

The name and business address of the General Partner is:

Frank Puissegur 5410 Florida Ave S, Suite 12 Lakeland FL 33813-4909

Dissolution Date The latest date upon which the limited partnership is to dissolve is:

June 30, 2025

Affidavit as to Capital Contribution Attached hereto as Exhibit "A" is the affidavit of Frank Puissegur, General Partner, declaring the amount of capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership this August 1, 2000.

Frank Puissegur, General Partner

STATE OF FLORIDA COUNTY OF POLK

Acknowledgement

The foregoing Certificate of Limited Partnership was acknowledged before me this August 2000, by Frank Puissegur who is personally known to me.

Barbara Skinner
Commission # GC \$72497
Expires Nov. 1, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

Notary Public - State of Florida

Registered Agent

Acceptance Of Duties I hereby accept appointment as registered agent, and agree to comply with the of provisions of all statutes relative to the proper and complete performance of my duties and am familiar with and accept the obligations of § 620.192, Florida Statutes.

Frank Puissegur, Registered Agent

SECKETASSEE FLORIDA

Exhibit "A" To Certificate Of Limited Partnership Of

Best Family Limited Partnership

AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS

- I, Frank Puissegur, being duly sworn under oath, state as follows:
- 1. I am the General Partner of Best Family Limited Partnership, a Florida limited partnership (in formation), and I am authorized to make this affidavit on behalf of the limited partnership.
- 2. As of the date of execution of this affidavit, the amount of capital contributions of the limited partners to Best Family Limited Partnership is: -0-.
- 3. The total amount anticipated to be contributed by the limited partners to Best Family Limited Partnership, including the amount contributed to date as set forth above, is: \$578,000.00.

Frank Puissegur, General Partner

STATE OF FLORIDA COUNTY OF POLK

Subscribed and sworn to or affirmed before me on August 200 , 2000, by Frank Puissegur, general partner of the Best Family Limited Partnership a Florida limited partnership (in formation

who is personally known to me.

Barbara Skinner ommission # GC **8724**97

Expires Nov. 1, 2003 Bonded Thru Atlantic Bonding Co., Inc. Notary Public - State of Florida