

STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State: R.E.K.R., L.T. D., L.L.P.

Insert limited partnership's Florida document number: A -1298

OR

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fee.

2. Suffix adopted for the above named partnership: L.L.P.
("Registered Limited Liability Partnership"; "Limited Liability Partnership"; "R.L.L.P."; "L.L.P."; "RLLP"; or "LLP")

3. The street address of its chief executive office: 1320 Calle Dei Sol Circle
(if different from current recorded address): Daytona Beach, FL 32119

4. The street address of principal office in Florida: _____
(if different from above): _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. Effective date of this filing shall be:
☒ as of the date this document is filed with the Florida Secretary of State
OR
☐ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:
Michael D. Millhorn, P.A.
Spruce Creek Professional Center
Suite 204
10935 S.E. 177th Place
Summerfield, FL 34491

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNED THIS 10th DAY OF April, 2000.

Signature of TWO Partners:

Roy F. Schneider
E. Ellen G. Schneider

Typed or printed names of partners signing above: Roy R. Schneider, Trustee of the Roy F. Schneider Revocable Trust U/A dated April 30, 1993 and Ellen G. Schneider, Trustee of the Ellen G. Schneider Revocable Trust U/A dated April 30, 1993.

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
08 AUG 17 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA