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Florida Department of State  
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Statement of Qualifications & follow*

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FLORIDA LIMITED PARTNERSHIP

LIBERTY MAGUIRE, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$140.00

*10-9-02*

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**LIBERTY MAGUIRE, LLLP**

This Certificate of Limited Partnership is prepared and recorded in accordance with the provisions of the Uniform Limited Partnership Act as contained in Chapter 620 of the Florida Statutes.

1. The name of this Partnership is: **LIBERTY MAGUIRE, LLLP.**
2. The location of the principal place of business of the Partnership shall be at: 310 West Central Parkway, Suite 7000, Altamonte Springs, Florida, 32714, and the name and address of the agent for service of process is: Wm. Michael Mikkelson, 310 West Central Parkway, Suite 7000, Altamonte Springs, Florida, 32714.

3. The name and business address of the general partner are as follows:

**General Partner**

Wm. Michael Mikkelson  
310 West Central Parkway, Suite 7000  
Altamonte Springs, Florida 32714

4. A mailing address for the Partnership is 310 West Central Parkway, Suite 7000 Altamonte Springs, Florida, 32714.

5. The latest date upon which the Partnership is to dissolve is upon the occurrence of any of the following events:

- a. the voluntary agreement of the Partners to dissolve the Partnership;
- b. the withdrawal or deemed withdrawal pursuant to the Partnership Agreement of the last remaining General Partner (unless a substitute General Partner is designated in accordance with the provisions of the Partnership Agreement);
- c. the sale of all or substantially all of the Partnership assets;
- d. the occurrence of an event specified under the laws of the State of Florida as one effecting a dissolution (except as otherwise provided in the Partnership Agreement);
- e. midnight on December 31, 2077

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IN WITNESS WHEREOF, the undersigned has hereunto signed the foregoing Certificate of Limited Partnership this 9 day of October, 2002, and hereby affirm under the penalties of perjury that the facts stated therein are true and correct.

**GENERAL PARTNER**

*Wm. Michael Mikkelsen*  
Wm. Michael Mikkelsen

**REGISTERED AGENT**

*Wm. Michael Mikkelsen*  
Wm. Michael Mikkelsen

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**  
**FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned being the sole general partner of **LIBERTY MAGUIRE, LLLP**, a Florida limited liability limited partnership, certifies:

1. That the amount of the capital contributions to date of the limited partners is \$99.00.
2. That the total amount contributed and anticipated to be contributed by the limited partners totals \$99.00.

Signed this 9 day of October, 2002.

**FURTHER AFFIANT SAYETH NOT.**

Under the penalties of perjury, the undersigned declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

*Wm. Michael Mikkelson*  
**WM. MICHAEL MIKKELSON**  
 General Partner of  
**LIBERTY MAGUIRE, LLLP**

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TALLAHASSEE, FLORIDA

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