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FLORIDA LIMITED PARTNERSHIP

MCM Properties, LLLP

Certificate of Status	0
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1. EFFECTIVE DATE IS 01/01/04
2. STATEMENT OF QUALIFICATION FOR THE LLLP SUFFIX WILL BE FAX-FILED AS SOON AS THE PARTNERSHIP IS ASSIGNED A CHARTER NUMBER

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DEAN MEAD ORLANDO

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Department of State 12/24/2003 9:38 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 24, 2003

DEAN, MEAD, EGERTON

SUBJECT: MCM PROPERTIES, LLLP
REF: W03000039177

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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A
REVISED DOCUMENTS ATTACHED

Division of Corporations - P.O. BOX 6827 - Tallahassee, Florida 32314

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CERTIFICATE OF LIMITED PARTNERSHIP
OF
MCM GROVES, LLLP

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.205 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is MCM Groves, LLLP.
2. The Partnership's former name was MCM Properties. The Partnership was converted to a limited partnership from a general partnership, pursuant to Section 620.8902 of the Florida Statutes, and Partners representing 100% of the interests in the Partnership unanimously voted for the conversion on December 19, 2003.
3. The conversion shall take effect January 1, 2004.
4. The address of the office of the Partnership as referred to in Section 620.108 of the Florida Statutes, is 325 N. Lakeview Road, Winter Garden, Florida 34787-2714. The mailing address for the Partnership is P. O. Box 77037, Winter Garden, Florida 34777-0037.
5. The name and address of the agent for service of process on the Partnership are:

Janet Alford	1645 9 th Street SW Vero Beach, Florida 32962
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6. The names and business addresses of the General Partners are:

Mary Beth Asma	P. O. Box 770012 Winter Garden, Florida 34777-0012
Janet Alford	1645 9 th Street SW Vero Beach, Florida 32962
7. The latest date upon which the Partnership shall dissolve is December 31, 2054.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Mary Beth Asma
MARY BETH ASMA, General Partner
Date: 12-17, 2003

Janet Alford
JANET ALFORD, General Partner
Date: 12/19, 2003

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

Janet Alford
JANET ALFORD
Date: 12/19, 2003

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STATE OF FLORIDA

COUNTY OF INDIAN RIVERAFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared JANET ALFORD, a General Partner of MCM GROVES, LLLP, a Florida limited liability limited partnership (the "Partnership"), who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$1,518,301.00
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

Janet M. Alford
JANET ALFORD

Sworn to and subscribed before me this 19th day of December, 2003, by JANET ALFORD, as a General Partner on behalf of MCM GROVES, LLLP, a Florida limited liability limited partnership. She (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____

M. Sue Tetreault
Print Name: M. Sue Tetreault

Notary Public - State of Florida

Commission No.: _____

My Commission Expires: _____

(NOTARY'S STAMP OR SEAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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