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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
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FLORIDA LIMITED PARTNERSHIP

Rosewinds Investments, Ltd.

Certificate of Status	0
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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
ROSEWINDS INVESTMENTS, LTD.**

The undersigned General Partner, 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 states the following:

1. The name of the Partnership is Rosewinds Investments, Ltd.
2. The address of the office of the Partnership as referred to in Section 620.108, Florida Statutes, is 267 Rosehill Drive North, Tallahassee, FL 32312.
3. The name and address of the agent for service of process on the Partnership are Dean Mead Services, LLC, 800 N. Magnolia Avenue, Suite 1500, Orlando, Florida 32803.

4. The name and business address of the General Partner are:

<u>Name</u>	<u>Address</u>
Rosewinds Management, LLC	267 Rosehill Drive North Tallahassee, FL 32312

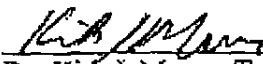
5. The mailing address for the Partnership is 267 Rosehill Drive North, Tallahassee, FL 32312.

6. The latest date upon which the Partnership shall dissolve is  
December 31, 2105.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

*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.*

GENERAL PARTNER:  
Rosewinds Management, LLC  
By: Kirk J. Mauro Revocable Trust dated  
December 30, 2004, Managing Member

  
By: Kirk J. Mauro, Trustee

Date: March 1, 2005

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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.

REGISTERED AGENT:  
DEAN MEAD SERVICES, LLC

By: Dean, Mead, Egerton, Bloodworth,  
Capouano & Bozarth, P.A., Sole Member

By:   
Stephen D. Dunegan, Vice President

Date: March 2, 2005

FILED  
2005 MAR -3 AM 9:54  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA

COUNTY OF LEONAFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Kirk J. Mauro, Trustee of the Kirk J. Mauro Revocable Trust dated December 30, 2004, the Managing Member of Rosewinds Management, LLC, the sole general partner of Rosewinds Investments, Ltd., a Florida limited partnership (the "Partnership"), of Leon County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$1,000.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$10,000,000.00.

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.*

## GENERAL PARTNER:

Rosewinds Management LLC, a Florida limited liability company

By: Kirk J. Mauro Revocable Trust dated December 30, 2004, Managing Member

Kirk J. Mauro  
By: Kirk J. Mauro, Trustee

Sworn to and subscribed before me this 1<sup>st</sup> day of MARCH, 2005, by Kirk J. Mauro, Trustee of the Kirk J. Mauro Revocable Trust dated December 30, 2004, Managing Member of Rosewinds Management, LLC, as General Partner on behalf of Rosewinds Investments, Ltd., a Florida limited partnership. He (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: \_\_\_\_\_



Judith R. Hartman  
MY COMMISSION # DD133189 EXPIRES  
October 6, 2006  
BONDED THROUGH TROY FARM INSURANCE, INC.

00185796v1

Judith R. Hartman  
Print Name: Judith R. Hartman  
Notary Public - State of Florida  
Commission No.: DD133189  
My Commission Expires: 10-06-06  
(NOTARY'S STAMP OR SEAL)

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