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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0393

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number : (850) 878-5926

LS

FLORIDA/FOREIGN LP/LLP

Island Horizons, LP

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Island Horizons, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 348 Enterprise Drive

(Street address of initial designated office)

Valdosta, GA 31601

3. CT Corporation System

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By:

Dale W. Morris

Signature of Registered Agent

DALE W MORRIS

ASSISTANT VICE PRESIDENT

6. 348 Enterprise Drive, Valdosta, GA 31601

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

Island Horizons GP, LLC

348 Enterprise Drive

Valdosta, GA 31601

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 3rd day of April, 2007

Signature of each general partner:


Manager of Island Horizons GP, LLC

Kenneth G. Blakemore

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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