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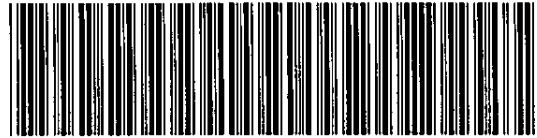
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TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dale A. Sotthoff Family Ltd. II

Signature

Requested by:

WC

11/16

11:00

Name

Date

Time

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**CERTIFICATE OF THE DALE A. SUTTHOFF
FAMILY LIMITED PARTNERSHIP II**

THIS CERTIFICATE is executed on October 23, 2007, with respect to the agreement of The Dale A. Sutthoff Family Limited Partnership II ("the partnership").

1. Name. The partnership's name is The Dale A. Sutthoff Family Limited Partnership II.
2. Partnership's Business. The partnership's business is the acquisition, management, sale and lease of real estate, in the State of Florida and elsewhere, and engage in all other activities related or incidental thereto. The partnership may also do all things not otherwise illegal under the laws of Florida.
3. Registered Agent. The name and post office address of the partnership's registered agent is:

DALE A. SUTTHOFF
925 Winifred Way
The Villages, FL 32162

4. Specified Office. The post office address of the office at which records are kept is:

925 Winifred Way
The Villages, FL 32162

5. Partners. The name and post office address of the general partner is:

SUTTHOFF DEVELOPMENT SERVICES, INC.
925 Winifred Way
The Villages, FL 32162

PO5600029528

6. Dissolution. The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2050, unless earlier terminated by law, in accordance with the Partnership Agreement, or as otherwise agreed by the partners.

IN WITNESS WHEREOF, the undersigned sole general partner has signed and sealed this certificate, on the day and year first above written.

Sutthoff Development Services, Inc.

By: Dale A. Sutthoff
Dale A. Sutthoff, President
General Partner
And Registered Agent

STATE OF FLORIDA
COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned officer authorized to take acknowledgments, Dale A. Sutthoff (who did/did not take an oath), to me known to be the person described in and who executed the foregoing, and that he acknowledged before me that he executed the same.

WITNESS my hand and seal in the County and State as aforesaid this 23 day of October, 2007.

Glenn L. Nye
Notary Public, State of Florida
Glenn L. Nye
Typed Name of Notary
Commission No. _____
My Commission Expires _____
Personally Known ☐ OR Produced Identification ☐



GLENN L. NYE
MY COMMISSION # DD 521393
EXPIRES: March 30, 2010
Bonded Thru Budget Notary Services