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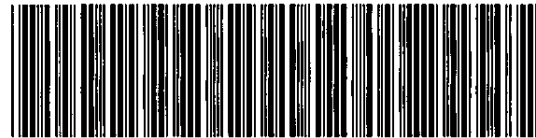
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

12/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HORN FAMILY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

CRAIG R. WOODWARD

(Contact Person)

WOODWARD, PIRES & LOMBARDO, P.A.

(Firm/Company)

606 Bald Eagle Drive, Suite 500

(Address)

Marco Island, Fl. 34145

(City, State and Zip Code)

For further information concerning this matter, please call:

Craig R. Woodward at (239) 394-5161

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE HORN FAMILY LIMITED PARTNERSHIP**

The undersigned General Partners hereby form a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et. seq.) as follows:

1. Name.

The name of the limited partnership (the "Partnership") is **THE HORN FAMILY LIMITED PARTNERSHIP**.

2. Principal Office.

The principal office of the Partnership in the State of Florida is 3000 Royal Marco Way, PH-K, Marco Island, Florida 34145.

3. Registered Agent.

The name and address of the registered agent of the Partnership for service of process on the Partnership in the State of Florida is Craig R. Woodward, 606 Bald Eagle Drive, Suite 500, Marco Island, Florida 34145.

4. General Partner.

The name and business address of the initial General Partners are as follows:
Michael F. Horn, 3000 Royal Marco Way, PH-K, Marco Island, FL 34145. Elizabeth A. Horn, 3000 Royal Marco Way, PH-K, Marco Island, FL 34145. Additional General Partners can be added as provided for in the Partnership Agreement.

5. Mailing Address.

The mailing address of the Partnership is 3000 Royal Marco Way, PH-K, Marco Island, Florida.

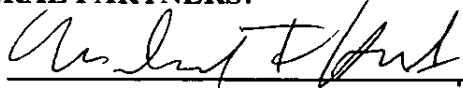
6. Dissolution.

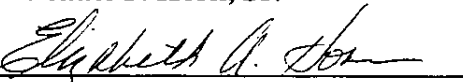
The latest date upon which the Partnership will dissolve is 20 years from date this Certificate of Limited Partnership is filed.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership as of the 12 day of November, 2007.

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GENERAL PARTNERS:

By: 
Michael F. Horn, Sr.

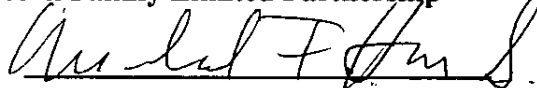
By: 
Elizabeth A. Horn

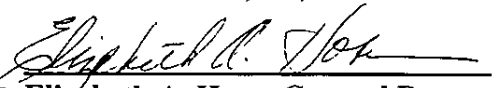
**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

In compliance with Florida Statutes Section 620.192, the following is submitted:

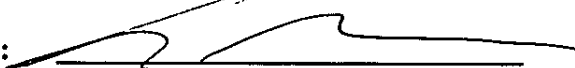
Michael F. Horn, Sr. And Elizabeth A. Horn desiring to organize as a limited partnership under the laws of the State of Florida, has designated 606 Bald Eagle Drive, Suite 500, Marco Island, Florida 34145 as its initial Registered Office and has named Craig R. Woodward, located at said address as its initial Registered Agent.

The Horn Family Limited Partnership

By: 
Michael F. Horn, Sr., General Partner

By: 
Elizabeth A. Horn, General Partner

Having been named Registered Agent for the above stated corporation, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to comply with the provisions of Florida Statutes Section 620.192 relative to keeping open said office.

By: 
Craig R. Woodward, Registered Agent

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