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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PATTERSON, ANDERSON & FELDMAN, P.A.  
Account Number : I20000000140  
Phone : (904) 247-1770  
Fax Number : (904) 246-0139

FLORIDA/FOREIGN LP/LLP

Sengstacke Limited, LP

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$1,061.25

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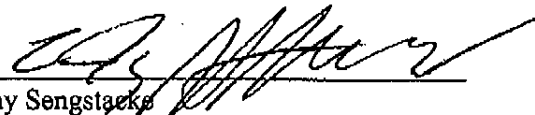
### Certificate of Limited Partnership

THIS CERTIFICATE is executed on December 20, 2007, with respect to the agreement of Sengstacke Limited, LP (the "partnership").

1. **Name.** The partnership's name is Sengstacke Limited, LP.
2. **Initial Designated Office.** The street and mailing address of the initial designated office is 409 South 13<sup>th</sup> Avenue, Jacksonville Beach, Florida 32250.
3. **Registered Agent.** The name and street and mailing address of the partnership's initial agent for service of process is Lawrence R. Patterson, Patterson & Anderson, P.A., 3010 South Third Street, Jacksonville Beach, Florida 32250.
4. **General Partners.** There is one (1) general partner. The name and street and mailing address of the sole general partner is: C. Jay Sengstacke, 409 South 13<sup>th</sup> Avenue, Jacksonville Beach, FL 32250.
5. **Date for Dissolution.** The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2050.

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

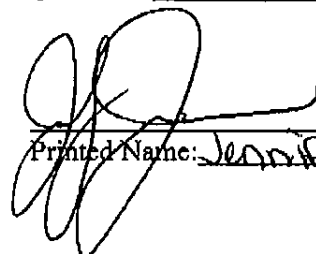
"General Partner"

  
C. Jay Sengstacke

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was sworn before me this 20 day of December, 2007, by C. Jay Sengstacke. He is personally known to me or has produced \_\_\_\_\_ as identification.



  
Printed Name: Jennifer Janin

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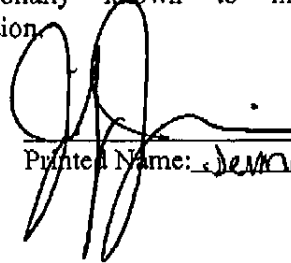
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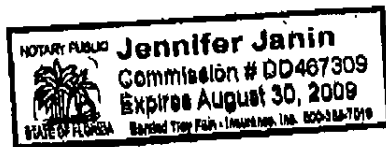
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Lawrence R. Patterson

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was sworn before me this 20 day of December, 2007, by Lawrence R. Patterson. He is personally known to me or has produced \_\_\_\_\_ as identification.

  
Printed Name: Jennifer Janin



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