

Certificate of Limited Partnership

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FILED
July 09, 2008
Sec. Of State
gharvey

Name of Limited Partnership:

TOMECEK FAMILY LIMITED PARTNERSHIP, LTD.

Street Address of Limited Partnership:

5901 S.W. 44 STREET
DAVIE, FL. US 33314

Mailing Address of Limited Partnership:

C/O SCOTT ORTH, ESQUIRE
3800 SHERIDAN STREET
HOLLYWOOD, FL. US 33021

The name and Florida street address of the registered agent is:

SCOTT A ORTH
3800 SHERIDAN STREET
HOLLYWOOD, FL. 33021

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SCOTT ALAN ORTH

The name and address of all general partners are:

Title: G
RONALD L TOMECEK
5901 S.W. 44 STREET
DAVIE, FL. 33314 US

The effective date for this Limited Partnership shall be:

07/09/2008

Signed this Ninth day of July, 2008

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: RONALD L. TOMECEK