

Certificate of Limited Partnership

A09000000087
FILED
February 05, 2009
Sec. Of State
gharvey

Name of Limited Partnership:

SHOQUIST FAMILY LIMITED PARTNERSHIP LP

Street Address of Limited Partnership:

807 EDGEFOREST TERRACE
SANFORD, FL. US 32771

Mailing Address of Limited Partnership:

807 EDGEFOREST TERRACE
SANFORD, FL. US 32771

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

THOMAS L SHOQUIST
807 EDGEFOREST TERR
SANFORD, FL. 32771

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

Registered Agent Signature: THOMAS L SHOQUIST

The name and address of all general partners are:

Title: G
SHOQUIST ENTERPRISES, INC.
807 EDGEFOREST TERRACE
SANFORD, FL. 32771 US

The effective date for this Limited Partnership shall be:

02/05/2009

Signed this Fifth day of February, 2009

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: THOMAS L SHOQUIST