

Certificate of Limited Partnership

**A09000000190
FILED
March 24, 2009
Sec. Of State
gharvey**

Name of Limited Partnership:
BLH FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

**6099 N US 1
FT. PIERCE, FL. 34946**

Mailing Address of Limited Partnership:

**6099 N US 1
FT. PIERCE, FL. 34946**

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

**BOBBY L HOPKINS
6099 N US 1
FT. PIERCE, FL. 34946**

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

Registered Agent Signature: **BOBBY L. HOPKINS**

The name and address of all general partners are:

**Title: G
HFLPGP, INC.
6099 N US 1
FT. PIERCE, FL. 34946**

The effective date for this Limited Partnership shall be:

03/24/2009

Signed this Twenty Fourth day of March, 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: **BOBBY L. HOPKINS, PRESIDENT**