

# **Certificate of Limited Partnership**

**A09000000497**  
**FILED**  
**July 14, 2009**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

LECCESE FAMILY PARTNERSHIP III, LLLP

Street Address of Limited Partnership:

650 S. NORTHLAKE BOULEVARD  
SUITE 450  
ALTAMONTE SPRINGS, FL. 32701

Mailing Address of Limited Partnership:

650 S. NORTHLAKE BOULEVARD  
SUITE 450  
ALTAMONTE SPRINGS, FL. 32701

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

SALVADOR F LECCESE  
650 S. NORTHLAKE BOULEVARD  
SUITE 450  
ALTMONTE SPRINGS, FL. 32701

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

Registered Agent Signature: SALVADOR F. LECCESE

The name and address of all general partners are:

Title: G  
LECCESE HOLDINGS, LLC  
650 S. NORTHLAKE BOULEVARD, SUITE 450  
ALTAMONTE SPRINGS, FL. 32701

The effective date for this Limited Partnership shall be:

07/14/2009

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Fourteenth day of July, 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: SALVADOR F. LECCESE, MANAGING MEMBER