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

From:
    Account Name   : PROSKAUER ROSE LLP
    Account Number : 074673001063
    Phone   : (561)995-~~4704~~ 4779
    Fax Number   : (561)988-1211

L. SELLERS

JUL 31 2009

EXAMINER

FLORIDA/FOREIGN LP/LLLP

Laurence Family Investments, LLLP

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

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CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1._____**Laurence Family Investments, LLLP**_____

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2._____798 West 84th Street, Hialeah, Florida 33014_____
(Street address of initial designated office)

3._____John Kevin Laurence_____
(Name of Registered Agent for Service of Process)

4._____798 West 84th Street, Hialeah, Florida 33014_____
(Florida street address for Registered Agent)

5. *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.*

_____
Signature of Registered Agent

6._____798 West 84th Street, Hialeah, Florida 33014_____
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☑

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TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Laurence Family Holdings, LLC

798 West 84th Street

Hialeah, Florida 33014

9. Effective date, if other than the date of filing:_____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this __30th__ day of __July__, __2009__.

Signature of each general partner:

X _____ – John K. Laurence, Member of Laurence Family Holdings, LLC

X _____ – David L. Laurence, Member of Laurence Family Holdings, LLC

X _____ – Barbara Spens, Member of Laurence Family Holdings, LLC

Filing Fees:	$1,000.00 ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	$52.50
Certificate of Status (optional):	$8.75

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