

Certificate of Limited Partnership

A09000000719
FILED
October 15, 2009
Sec. Of State
gharvey

Name of Limited Partnership:

FULLERTON FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

2000 PONCE DE LEON BOULEVARD
SUITE 501
CORAL GABLES, FL. 33134

Mailing Address of Limited Partnership:

2000 PONCE DE LEON BOULEVARD
SUITE 501
CORAL GABLES, FL. 33134

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

PETER V FULLERTON
2000 PONCE DE LEON BOULEVARD
SUITE 501
CORAL GABLES, FL. 33134

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

Registered Agent Signature: PETER V. FULLERTON

The name and address of all general partners are:

Title: G
FULLERTON FAMILY MANAGEMENT COMPANY, LLC
2000 PONCE DE LEON BOULEVARD, SUITE 501
CORAL GABLES, FL. 33134

The effective date for this Limited Partnership shall be:

10/15/2009

Signed this Fifteenth day of October, 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: CATHARINE CALDWELL FULLERTON