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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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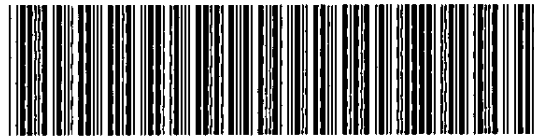
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

G. MCLEOD

JUL 19 2010

EXAMINER

LP 1000.00
Cert 52.50

**Certificate of
Limited Partnership Of**

Gardner Family Limited Partnership

I, the undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hereby certify the following:

Name

1. The name of the limited partnership is:

Gardner Family Limited Partnership

Office
Address

2. The limited partnership's office and mailing address is:

258 Mariner Blvd
Spring Hill, FL 34609

Registered
Agent
& Address

3. The name and address of the registered agent for service of process is:

William S. Gardner
258 Mariner Blvd
Spring Hill, FL 34609

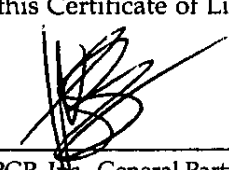
General Partner

4. The name and business address of the General Partner is:

Gardner FLPGP, Inc.
258 Mariner Blvd
Spring Hill, FL 34609

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned executed this Certificate of Limited Partnership this June 25, 2010.

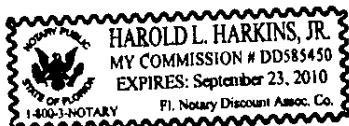


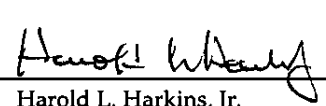
Gardner FLPGP, Inc., General Partner
by William S. Gardner, President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Acknowledgement

The foregoing Certificate of Limited Partnership was acknowledged before me this June 25, 2010, by William S. Gardner, President of Gardner FLPGP, Inc. the general partner, who is personally known to me.



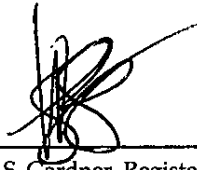


Harold L. Harkins, Jr.
Notary Public - State of Florida

Registered Agent

Acceptance

I hereby accept 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 position as registered agent.

A handwritten signature in black ink, appearing to be 'W. S. Gardner', written over a horizontal line.

William S. Gardner, Registered Agent