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Florida Department of State  
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**L. SELLERS**

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**EXAMINER**

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

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603











































Email Address: ERegner@haileshaw.com

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
THE STEVEN C. NICKLAUS LIMITED PARTNERSHIP.**

THE UNDERSIGNED, desiring to form a limited partnership (the "Partnership") in accordance with the requirements of Section 620.1201 of the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act"), hereby makes, acknowledges and files this Certificate of Limited Partnership:

1. The name of the Partnership is THE STEVEN C. NICKLAUS LIMITED PARTNERSHIP.

2. The name and address of the registered agent of the Partnership upon whom process may be served is Haile, Shaw & Pfaffenberger, P.A., 660 US Highway One, 3rd Floor, North Palm Beach, FL 33408.

3. The name of the sole General Partner of the Partnership is SNT, LLC, a Florida limited liability company, and its business address is c/o Ellen L. Regnery, 660 US Highway One, 3<sup>rd</sup> Floor, North Palm Beach, FL 33408.

4. The business and mailing address of the Partnership is c/o Ellen L. Regnery, 660 US Highway One, 3<sup>rd</sup> Floor, North Palm Beach, FL 33408.

SNT, LLC, a Florida,  
limited liability company,  
as sole General Partner

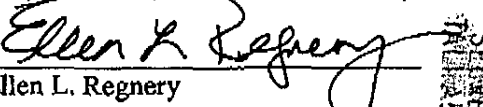
By:   
Steven C. Nicklaus, Member

Date: October 8, 2010

**ACCEPTANCE BY REGISTERED AGENT**

THE UNDERSIGNED HEREBY accepts his appointment as Registered Agent of the aforesaid Limited Partnership. I am familiar with, and accept, the obligations of, Section 620 of the Florida Statutes.

HAILE, SHAW & PFAFFENBERGER, P.A.

BY:   
Ellen L. Regnery

Dated: October 8, 2010

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