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Florida Department of State  
Division of Corporations  
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Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904) 398-3911  
Fax Number : (904) 396-0663

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: fcianflone@rtlaw.com

FLORIDA/FOREIGN LP/LLLP  
AWD FAMILY LIMITED PARTNERSHIP, LLLP

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S. HAWKES

OCT 21 2010

EXAMINER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AWD FAMILY LIMITED PARTNERSHIP, LLLP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Douglas H. Shaver

Contact Person

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Blvd., Suite 1500

Address

Jacksonville, Florida 32207

City, State and Zip Code

dshaver@rtlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas H. Shaver

Name of Contact Person

at ( 904 ) 346-5779

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,  
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and  
\$35 Registered Agent Status Certificate of Status  
Fee)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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

1. AWD FAMILY LIMITED PARTNERSHIP, 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.

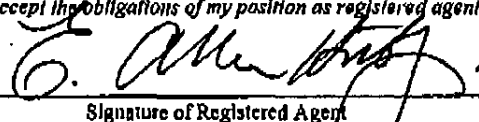
2. 3473 SATELLITE BOULEVARD, SUITE 211  
(Street address of initial designated office)

DULUTH, GEORGIA 30096

3. E. ALLEN HIEB, JR.  
(Name of Registered Agent for Service of Process)

4. 1301 RIVERPLACE BOULEVARD, SUITE 1600  
(Florida street address for Registered Agent)  
JACKSONVILLE, FLORIDA 32207

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. 3473 SATELLITE BOULEVARD, SUITE 211  
(Mailing address of initial designated office)  
DULUTH, GEORGIA 30096

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

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8. Name and business address of each general partner:

Name:

Business Address:

AWD-GP, LLC

3473 Satellite Boulevard, Suite 211

Duluth, Georgia 30096

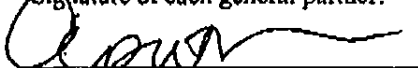
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JANICE A. HARRIS

9. Effective date, if other than the date of filing: Upon 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 19th day of October, 2010.

Signature of each general partner:

  
April W. DeMoss

Manager, AWD-GP, 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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