

Certificate of Limited Partnership

A11000000160
FILED
February 23, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

HORNE FAMILY PARTNERSHIP, LTD.

Street Address of Limited Partnership:

2500 CHISHOLM OAKS TRAIL
MASCOTTE, FL. US 34753

Mailing Address of Limited Partnership:

P.O. BOX 220
MASCOTTE, FL. US 34753

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

MICHAEL K HORNE
2500 CHISHOLM OAKS TRAIL
MASCOTTE, FL. 34753

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

Registered Agent Signature: MICHAEL K. HORNE

The name and address of all general partners are:

Title: G
JASON B SULLIVAN
2910 GIMLI LANE
CASSELBERRY, FL. 32707

Signed this Twenty Third day of February, 2011

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: JASON BRANDON SULLIVAN

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.