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Florida Department of State
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EXAMINER

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

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TSPS FAMILY, LTD.

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
TSPS FAMILY, LTD.**

In accordance with Section 620.1201, Florida Statutes, the undersigned general partner hereby makes and files with the Florida Department of State this Certificate of Limited Partnership for purpose of forming a limited partnership as follows:

1. **Name**. The name of this limited partnership shall be **TSPS Family, Ltd.** (the "Partnership").

2. **Address**. The street and mailing address of the Partnership is:

17804 N. US Highway 41
Lutz, FL 33549

3. **Registered Agent and Address**. The name and address of the Partnership's agent is:

James W. Goodwin
201 N. Franklin Street
Suite 2000
Tampa, FL 33602

4. **General Partner**. The name and address of the general partner is:

TSPS, LLC
17804 N. US Highway 41
Lutz, FL 33549

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

Signed this 3rd day of March, 2011.



James W. Goodwin, Esq.
Authorized Representative of TSPS, LLC

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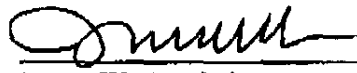
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ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

The undersigned, James W. Goodwin, having been designated as Registered Agent of TSPS Family, Ltd., hereby accepts appointment as Registered Agent and agrees 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.

Dated: March 3, 2011


James W. Goodwin
Registered Agent

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