

Certificate of Limited Partnership

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FILED
April 26, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

SMOKEY PARTNERSHIP, LLLP

Street Address of Limited Partnership:

150 OXFORD ROAD
SUITE 140
FERN PARK, FL. US 32730

Mailing Address of Limited Partnership:

150 OXFORD ROAD
SUITE 140
FERN PARK, FL. US 32730

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

PETER G ROBINSON
150 OXFORD ROAD
SUITE 140
FERN PARK, FL. 32730

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

Registered Agent Signature: PETER G ROBINSON

The name and address of all general partners are:

Title: G
PETER G ROBINSON
150 OXFORD ROAD
FERN PARK, FL. 32730 US

Title: G
JOSEPH D ROBINSON IV
150 OXFORD ROAD
FERN PARK, FL. 32730 US

Title: G
LAURA C ROBINSON
150 OXFORD ROAD
FERN PARK, FL. 32730 US

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty Sixth day of April, 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: PETER G ROBINSON

General Partner Signature: JOSEPH D ROBINSON IV

General Partner Signature: LAURA C ROBINSON

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.