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## FLORIDA/FOREIGN LP/LLLP

Story Family Limited Partnershp, LLLP

Certificate of Status	11
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J. SAULSBERRY **EXAMINER** 

JUL 19 2011

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## CERTIFICATE OF LIMITED PARTNERSHIP OF THE STORY FAMILY LIMITED PARTNERSHIP, LLLP, A FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned, for the purpose of forming a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (2005), as set forth in Section 620.1101, et. seq. of the Florida Statutes, do hereby certify to the following:

- 1. The name of the limited partnership is the "STORY FAMILY LIMITED PARTNERSHIP, LLLP".
- 2. The address of the office of the limited partnership required to be maintained by Section 620.1114, Florida Statutes, is 16030 Highway 27 South, Lake Wales, FL 33859
- 3. The name and street address of the registered agent, for service of process on the limited partnership, required to be maintained by Section 620.1114 Florida Statutes, are as follows:

Victor B. Story, Jr. 16030 Highway 27 South Lake Wales, FL 33859

4. The name and business address of the general partner is:

Victor B. Story, Jr., as trustee of the Victor B. Story, Jr. Revocable Trust, dated September 20, 2006 16030 Highway 27 South Lake Wales, FL 33859

This partnership hereby elects to be a Florida limited liability limited partnership.

IN WITNESS WHEREOF, the undersigned has executed this certificate as of the day of June, 2011.

Signed, sealed and delivered in the presence of:

Victor B. Story, Jr., as trustee of the Victor B. Story, Jr. Revocable Trust,

dated September 20, 2006

GENERAL PARTNEK:

MARY HAY ROBERTS

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5.

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## ACCEPTANCE OF REGISTERED AGENT FOR THE STORY FAMILY LIMITED PARTNERSHIP, LLLP

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, 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 relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

Dated: The Josh day of June, 2011

Victor B. Story, Jr.

SECRETARY OF STATE