

Certificate of Limited Partnership

A11000000730
FILED
October 04, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

MAUREEN B. KISTHARDT FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

315 N. CAUSEWAY
NEW SMYRNA BEACH, FL. 32169

Mailing Address of Limited Partnership:

315 N. CAUSEWAY
NEW SMYRNA BEACH, FL. 32169

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

MAUREEN B KISTHARDT
315 N. CAUSEWAY
NEW SMYRNA BEACH, FL. 32169

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

Registered Agent Signature: MAUREEN B. KISTHARDT

The name and address of all general partners are:

Title: G
MAUREEN B KISTHARDT
315 N. CAUSEWAY
NEW SMYRNA BEACH, FL. 32169

The effective date for this Limited Partnership shall be:

10/04/2011

Signed this Fourth day of October, 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: MAUREEN B. KISTHARDT

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.