

Certificate of Limited Partnership

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FILED
November 01, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

HARRELL FAMILY PARTNERSHIP #1, LTD.

Street Address of Limited Partnership:

2908 PLANT STREET
TALLAHASSEE, FL. 32304

Mailing Address of Limited Partnership:

2908 PLANT STREET
TALLAHASSEE, FL. 32304

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

CLAIRE A. DUCHEMIN, P.A.
1615 VILLAGE SQUARE BLVD.
SUITE #7
TALLAHASSEE, FL. 32309

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

Registered Agent Signature: CLAIRE A. DUCHEMIN

The name and address of all general partners are:

Title: G
TIMOTHY D HARRELL
2908 PLANT STREET
TALLAHASSEE, FL. 32304

Title: G
ANGELA B HARRELL
2908 PLANT STREET
TALLAHASSEE, FL. 32304

The effective date for this Limited Partnership shall be:

11/01/2011

Signed this First day of November, 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: TIMOTHY D. HARRELL

General Partner Signature: ANGELA B. HARRELL

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.