

Certificate of Limited Partnership

A11000000968
FILED
December 21, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

MILLER DISABILITY, LP

Street Address of Limited Partnership:

227 GILMORE RD.
SANTA ROSA BEACH, FL. 32459

Mailing Address of Limited Partnership:

227 GILMORE RD.
SANTA ROSA BEACH, FL. 32459

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

ROBERT D MILLER
227 GILMORE RD.
SANTA ROSA BEACH, FL. 32459

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

Registered Agent Signature: ROBERT D. MILLER

The name and address of all general partners are:

Title: G
MILLER FAMILY MANAGEMENT, LLC
227 GILMORE RD.
SANTA ROSA BEACH, FL. 32459

The effective date for this Limited Partnership shall be:

12/21/2011

Signed this Twenty First day of December, 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: ROBERT D. MILLER, MANAGER

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.