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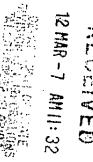
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**EXAMINER** 



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## CORPORATE ACCESS,

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PECIAL IN	NSTRUCTIONS:

#### CERTIFICATE OF LIMITED PARTNERSHIP OF BLACK PROPERTIES, 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 liability limited partnership is:

#### **BLACK PROPERTIES, LLLP**

- 2. The address of the office of the limited partnership required to be maintained by Section 620.1114, Florida Statutes, is 16 North Cleveland Avenue, Fort Meade, FL 33841.
- 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:

Norman Larry Black, Sr., 16 North Cleveland Avenue, Fort Meade, FL 33841

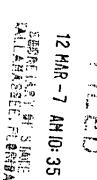
4. The name and business address of the general partners are:

Norman Larry Black, Sr., 16 North Cleveland Avenue, Fort Meade, FL 33841

Phyllis Varn Black, 16 North Cleveland Avenue, Fort Meade, FL 33841

NLB Holdings, LLC, a Florida limited liability company 1860 Pinnacle Drive, Lakeland, FL 33813

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



#### SIGNATURES ON FOLLOWING PAGE

in With day of	March	<b>OF</b> , the _, 2012.	undersigned	have	executed	this	certificate .	as	of	the
GENERAL PA	RTNERS:									

Phyllis Varn Black

NLB PROPERTIES, LLC, a Florida limited liability company

By: NORMAN LARRY BLACK, JR., as Manager

### ACCEPTANCE OF REGISTERED AGENT FOR BLACK PROPERTIES, 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 6th day of March ; 2012.

NORMAN LARRY BLACK, SR.