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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

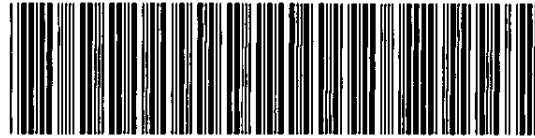
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
12 MAR - 8 PM 3:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR - 8 AM 9:35

MAR - 9 2012

T. HAMPTON

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET

P.O. BOX 391 (ZIP 32302)

TALLAHASSEE, FLORIDA 32301

(850) 224-9115 FAX (850) 222-7560

Writer's Direct Line: (850) 425-5457

March 8, 2012

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Trammell Family Limited Partnership**

Dear Madam/Sir:

Enclosed for filing are the original and one copy of the Certificate of Limited Partnership for the above-referenced limited partnership. Also enclosed is this firm's check in the amount of:

☐ \$1,000.00

Filing Fees  
(\$965 filing fee and \$35  
Registered Agent fee)

☐ \$1,008.75

Filing Fees and  
Certificate of Status

☒ \$1,052.50

Filing Fees and  
Certified Copy

☐ \$1,061.25

Filing Fees,  
Certified Copy and  
Certificate of Status

I would appreciate your calling me at 425-5457 when the certified copy is ready, and I will arrange for someone to pick it up. Please do not hesitate to call me or Bob Pierce if you have any questions and direct all correspondence concerning this matter to me at the address set forth in the letterhead.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw

Enclosures

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020145.101267

**CERTIFICATE OF LIMITED PARTNERSHIP FOR  
FLORIDA LIMITED PARTNERSHIP  
TRAMMELL FAMILY LIMITED PARTNERSHIP  
a Florida Limited Partnership**

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005, hereby states the following:

1. The name of the Limited Partnership is **Trammell Family Limited Partnership** (the **Partnership**).
2. The street address of the initial designated office of the Partnership is **907 Hays Street, Tallahassee, Florida 32301-2628**.
3. The name of the Registered Agent for service of process on the Partnership is **Robert D. Trammell**.
4. The Florida street address for the Registered Agent is **907 Hays Street, Tallahassee, Florida 32301-2628**.
5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.*

  
Signature of Registered Agent

6. The name and business address of the General Partner are:

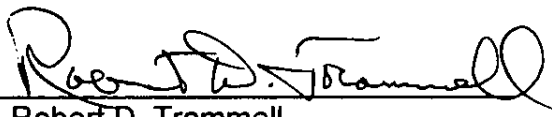
**TRAMMELL LONGLEAF LLC**  
907 Hays Street  
Tallahassee, Florida 32301-2628

9. This Certificate shall be effective at the time of its filing with the Florida Department of State.

This Certificate has been executed by the General Partner of **Trammell Family Limited Partnership**, as of this 27th day of February, 2012. The undersigned submits this document, affirms that the facts stated herein are true, and is aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes.

**GENERAL PARTNER:**

**TRAMMELL LONGLEAF LLC**

By:   
Robert D. Trammell  
Manager

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
SECRETARY OF STATE  
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12 MAR -8 AM 9:35