

Certificate of Limited Partnership

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FILED
September 19, 2012
Sec. Of State
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Name of Limited Partnership:

PATEL FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

531 SPRING CLUB DRIVE
ALTAMONTE SPRINGS, FL. 32714

Mailing Address of Limited Partnership:

531 SPRING CLUB DRIVE
ALTAMONTE SPRINGS, FL. 32714

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

RAMESH M PATEL
531 SPRING CLUB DRIVE
ALTAMONTE SPRINGS, FL. 32714

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

Registered Agent Signature: RAMESH M. PATEL

The name and address of all general partners are:

Title: G
RAMESH M PATEL
531 SPRING CLUB DRIVE
ALTAMONTE SPRINGS, FL. 32714

Title: G
SUDHA R PATEL
531 SPRING CLUB DRIVE
ALTAMONTE SPRINGS, FL. 32714

Signed this Nineteenth day of September, 2012

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: RAMESH M. PATEL

General Partner Signature: SUDHA R. PATEL

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.