## **Certificate of Limited Partnership**

A12000000619 FILED October 17, 2012 Sec. Of State tcline

Name of Limited Partnership:

NEMECEK FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

751 VAIL POINT ROAD SAINT AUGUSTINE, FL. US 32086

Mailing Address of Limited Partnership:

751 VAIL POINT ROAD SAINT AUGUSTINE, FL. US 32086

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

STRAITRAY CORPORATION 4475 US HWY 1 S 603 SAINT AUGUSTINE, FL. 32086

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

Registered Agent Signature: JEFFREY D. STRAIT

The name and address of all general partners are:

Title: G WALTER J NEMECEK III 751 VAIL POINT ROAD ST. AUGUSTINE, FL. 32086 US

Title: G
WALTER J NEMECEK JR.
751 VAIL POINT ROAD
ST. AUGUSTINE, FL. 32086 US

Title: G NATHAN NEMECEK 13 ST. JOHNS MEDICAL PARK DRIVE ST. AUGUSTINE, FL. 32086 US

The effective date for this Limited Partnership shall be:

01/01/2013

Signed this Seventeenth day of October, 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: WALTER J NEMECEK III General Partner Signature: WALTER J NEMECEK, JR.

General Partner Signature: NATHAN NEMECEK

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.