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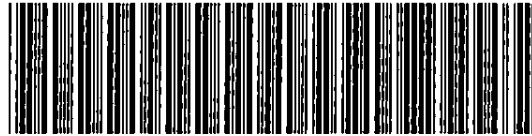
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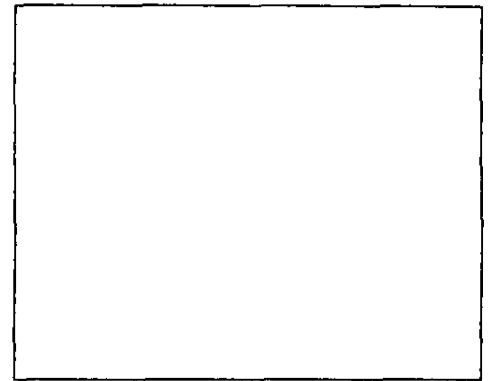
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ENTITY NAME:

SCHWEITZER INVESTMENTS, LLLP

CK# 14516 FOR \$ 1061.25

PLEASE FILE THE ATTACHED CERTIFICATE OF LIMITED PARTNERSHIP &  
RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP**

**FOR**

**FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. SCHWEITZER INVESTMENTS, LLLP  
Name of Limited Liability Limited Partnership
2. 1497 NW 7th Street, Miami, FL 33125  
(Street Address of initial designated office)
3. Atrium Registered Agents, Inc.  
(Name of Registered Agent for Service of Process)
4. 1500 San Remo Avenue, Suite 125, Coral Gables, Florida, 33146  
(Florida street address for Registered Agent)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

Atrium Registered Agents, Inc.

By: Robert A. Stamen  
Robert A. Stamen Vice President

6. c/o 1500 San Remo Avenue, Suite 125, Coral Gables, FL 33146  
(Mailing address of the initial designated office)
7. **The limited partnership hereby elects to be a limited liability limited partnership.**
8. Name and business address of the general partner:

Gregory Schweitzer, Kimberly Schweitzer and Kelli Schweitzer as Trustees of the  
GMS SECURITY TRUST, a Florida Trust  
1497 NW 7<sup>th</sup> Street,  
Miami, FL 33125

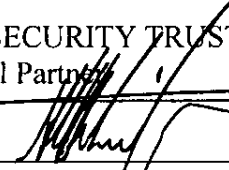
**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP  
OF SCHWEITZER INVESTMENTS, LLLP**

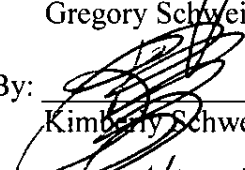
9. Effective date: Date of filing.

Signed this 22<sup>nd</sup> day of OCTOBER, 2012.

Signature of General Partner:

GMS SECURITY TRUST,  
General Partner

By:   
Gregory Schweitzer, Trustee

By:   
Kimberly Schweitzer, Trustee

By:   
Kelli Schweitzer, Trustee