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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

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TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

FLORIDA/FOREIGN LP/LLP  
OARE FAMILY LIMITED PARTNERSHIP, LTD.

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$1,000.00 |

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Oare Family Limited Partnership, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 191 Island Estates Parkway, Palm Coast, FL 32137

(Street address of initial designated office)

3. Janet E. Martinez, P.A.

(Name of Registered Agent for Service of Process)

4. 203 East Rich Avenue, DeLand, FL 32724

(Florida street address for Registered Agent)

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.

Janet E. Martinez, P.A.

  
Signature of Registered Agent

By: Janet E. Martinez  
Its: President

6. 191 Island Estates Parkway, Palm Coast, FL 32137

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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## 8. Name and business address of each general partner:

Name:Business Address:

CFO, LLC

191 Island Estates Parkway

#L12000137388

Palm Coast, FL 32137

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9. Effective date, if other than the date of filing: Upon filing.*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*Signed this 29<sup>th</sup> day of October, 2012.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

CFO, LLCBy: Carol Forbes Oare  
Carol Forbes Oare, Its Manager

## Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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