

412000000696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

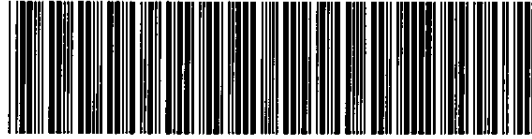
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 NOV 14 PM 4:18
NOT RECORDED
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FILED
12 NOV 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 15 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 421198 7457745

AUTHORIZATION :

Spud Clement

COST LIMIT : \$ 1000.00

ORDER DATE : November 13, 2012

ORDER TIME : 3:09 PM

ORDER NO. : 421198-010

CUSTOMER NO: 7457745

DOMESTIC FILING

NAME: MASSEY FAMILY INVESTMENTS II,
LTD.

EFFECTIVE DATE:

XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: _____

FILED

CERTIFICATE OF LIMITED PARTNERSHIP 12 NOV 14 AM 11:10

FOR

FLORIDA LIMITED PARTNERSHIP

OR

LIMITED LIABILITY LIMITED PARTNERSHIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MASSEY FAMILY INVESTMENTS II, 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 L.L.P.*

2. 315 Groveland Street, Orlando, FL 32804
(Street address of initial designated office)

3. 315 Groveland Street, Orlando, FL 32804
(Mailing address of initial designated office)

4. William R. Lowman, Jr.
(Name of Registered Agent for Service of Process)

5. 1000 Legion Place, Suite 1700, Orlando, FL 32801
(Florida street address for Registered Agent)

6. 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)

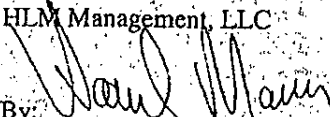
7. If limited partnership elects to be a limited liability partnership, check box

8. Name and business address of each general partner

Name	Business Address	FL Doc #, if entity
<u>HLM Management, LLC</u>	<u>315 Groveland Street Orlando, FL 32804</u>	<u>L06000060966</u>

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 13th day of November, 2012.

HLM Management, LLC
By: 
Harvey L. Massey, Manager