

# Certificate of Limited Partnership

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FILED  
December 18, 2012  
Sec. Of State  
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Name of Limited Partnership:

KILLIAN LIMITED PARTNERSHIP

Street Address of Limited Partnership:

5983 SE MOURNING DOVE WAY  
HOBE SOUND, FL. US 33455

Mailing Address of Limited Partnership:

5983 SE MOURNING DOVE WAY  
HOBE SOUND, FL. US 33455

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

JAMES SOPKO  
2300 SE MONTEREY RD.  
SUITE 100  
STUART, FL. 34996

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

Registered Agent Signature: JAMES SOPKO

The name and address of all general partners are:

Title: G  
MOURNING DOVE, INC.  
5983 SE MOURNING DOVE WAY  
HOBE SOUND, FL. 33455 US

The effective date for this Limited Partnership shall be:

12/18/2012

Signed this Eighteenth day of December, 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: JAMES SOPKO

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.