

Certificate of Limited Partnership

A12000000947
FILED
December 21, 2012
Sec. Of State
tcline

Name of Limited Partnership:

RONALD AND DEBRA APRILE FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

17924 CACHET ISLE
TAMPA, FL. 33647

Mailing Address of Limited Partnership:

17924 CACHET ISLE
TAMPA, FL. 33647

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

ROBERT S HOBBS ESQ.
4304 W. EL PRADO BLVD.
TAMPA, FL. 33629

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

Registered Agent Signature: ROBERT S. HOBBS, ESQUIRE

The name and address of all general partners are:

Title: G
RONALD APRILE
17924 CACHET ISLE
TAMPA, FL. 33647

Title: G
DEBRA APRILE
17924 CACHET ISLE
TAMPA, FL. 33647

The effective date for this Limited Partnership shall be:

12/21/2012

Signed this Twenty First 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: RONALD APRILE

General Partner Signature: DEBRA APRILE

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.