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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 : AKERMAN SENTERFITT (ORLANDO)  
Account Number : 076656002425  
Phone : (407) XXXXXX 418-8569  
Fax Number : (407) XXXXXX 254-4269

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

Email Address: susan.barch@akerman.com

FLORIDA/FOREIGN LP/LLP  
GRAYSON FAMILY PARTNERSHIP, LLLP

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DEC 26 2012

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

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1. GRAYSON FAMILY PARTNERSHIP, LLLP

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

2. 8419 Oak Park Road, Orlando, Florida 32819

(Street address of initial designated office)

3. Alan Grayson

(Name of Registered Agent for Service of Process)

4. 8419 Oak Park Road, Orlando, Florida 32819

(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.

Alan Grayson  
Signature of Registered Agent

6. 8419 Oak Park Road, Orlando, Florida 32819

(Mailing address of initial designated office)

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

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>> 850-617-6381

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8. Name and business address of each general partner:

Name:

Business Address:

Alan Grayson

8419 Oak Park Road

Orlando, Florida 32819

9. Effective date, if other than the date of 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 21st day of December, 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.

Alan Grayson

Filing Fees:

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

Certified Copy (optional):

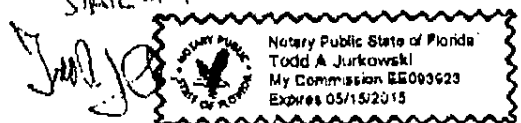
\$52.50

Certificate of Status (optional):

\$8.75

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STATE OF FLORIDA, COUNTY OF ORANGE



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