| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| FEB 1 4 2013 L. SELLERS |
| |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration Division of | | | | | | |
|----------------|--|----------|---|----------|-----------------------------|----------|---|
| SUBJ | ECT: | QSL | Florida Hogs, | L.P | • | | |
| | | Name o | f Florida Limited Par | tnershi | p or Limited | d Liabil | ity Limited Partnership |
| The en | iclosed Certif | icate o | of Limited Partners | ship a | nd fees ar | e subn | nitted for filing. |
| Please | return all con | respo | ndence concerning | g this : | matter to: | | |
| | John D. | Klin | german | | | | |
| | | Co | ntact Person | | | _ | |
| | QSL Flo | | Hogs, L.P. | | | | |
| | | Fin | n/Company | | | | • |
| | 1388 St | ate R | oute 487 | | | _ | |
| | | | Address | | | | |
| | Bloomsb | urg, | PA 17815 | | | | |
| | | • | ate and Zip Code | | | _ | |
| | amiller@ | • | • | | -cklinger | @jdkmg | t.cam) — |
| E- | mail address: (t | o be use | ed for future annual re | port no | otification) | | |
| For fu | rther informa | tion co | oncerning this mat | ter, pl | ease call: | | |
| | John C. | Kling | jerman | at (| 570 |) | 784-0111 |
| | Name of Cont | act Pers | on | _ _ | Area Code as | nd Dayt | ime Telephone Number |
| Enclos | sed is a check | for th | e following amour | nt: | | | |
| □ (\$96 | 00.00 Filing Fee 5 Filing Fee and Registered Age | ı 🗀 a | 1,008.75 Filing Fees nd Certificate of status | | ,052.50 Fili d Certified | | X \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status |
| STRE | ET ADDRE | SS: | | | MAIL | ING A | ADDRESS: |
| _ | ration Section | | | | - | | Section |
| | on of Corpora 1 Building | itions | | | P. O. E | | Corporations 27 |
| | Executive Cer | nter Ci | rcle | | | | FL 32314 |
| Tallah | assee, FL 32 | 301 | | | | | |

CR2E030 (01/06)



February 7, 2013

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: QSL Florida Hogs, L.P. and QSL Fort Myers, Inc.

To Whom It May Concern:

Please find enclosed Florida registration applications and checks for the above entities. If, once you review the applications, you have questions, please do not hesitate to call me at 570-784-0111 or contact me via email at amiller@jdkmgt.com.

Thank-you!!!

Very truly yours,

Abby Miller

Enclosures

Cc: John C. Klingerman

Brian D. Klingerman Russell M. Berner

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

| QSL Florida Hogs, L.P. |
|--|
| f Limited Partnership or Limited Liability Limited Partnership, which must include suffix) imited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. imited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. |
| 1388 State Route 487 |
| (Street address of initial designated office) |
| Bloomsburg, PA 17815 |
| W. Gregory Golson |
| (Name of Registered Agent for Service of Process) |
| 1724 East Fifth Avenue |
| (Florida street address for Registered Agent) |
| Tampa, FL 33605 |
| Signature of Registered Agent |
| 1388 State Route 487 |
| |
| (Mailing address of initial designated office) |
| |

| Name: | Business Address: | | |
|--|--|------------|--|
| QSL Fort Myers, Inc. | 1388 State Route 487 | _ | |
| | Bloomsburg, PA 17815 | _ | |
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| | | _ | |
| . Effective date, if other than the date of | iling: | - | |
| 9. Effective date, if other than the date of filing: | | | |
| igned this day | f | | |
| tated herein are true. I/ We am/ are ocument to the Department of Sta | We submit this document and affirm that the facts ware that any false information submitted in a | | |
| John D. Slunge | President of QSL Fort Myers, Inc., | , th | |
| | General Partner of QSL Florida Hog | gs, \ - | |
| | | _ | |