

Certificate of Limited Partnership

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FILED
April 23, 2013
Sec. Of State
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Name of Limited Partnership:

VON SCHLIEFFEN HOLDINGS, LLLP

Street Address of Limited Partnership:

503 EAST JACKSON STREET
SUITE 140
TAMPA, FL. 33602

Mailing Address of Limited Partnership:

CARE OF STUART LEYTON
P.O. BOX 20628 PARK WEST FIN. STA.
NEW YORK, NY. 100251515

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

DISRAELI PROPERTY HOLDINGS CORPORATION
503 EAST JACKSON STREET
SUITE 140
TAMPA, FL. 33602

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

Registered Agent Signature: STUART E LEYTON

The name and address of all general partners are:

Title: G
STUART E LEYTON
503 EAST JACKSON STREET, SUITE 140
TAMPA, FL. 33602

The effective date for this Limited Partnership shall be:

04/23/2013

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty Third day of April, 2013

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: STUART E LEYTON

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.