

Certificate of Limited Partnership

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FILED
May 17, 2013
Sec. Of State
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Name of Limited Partnership:

DUVAL PARK, LTD.

Street Address of Limited Partnership:

5300 W. CYPRESS ST.
200
TAMPA, FL. 33607

Mailing Address of Limited Partnership:

5300 W. CYPRESS ST.
200
TAMPA, FL. 33607

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

SHAWN WILSON
5300 W. CYPRESS ST.
200
TAMPA, FL. 33607

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

Registered Agent Signature: SHAWN WILSON

The name and address of all general partners are:

Title: G
DUVAL PARK GP LLC
5300 W. CYPRESS ST.
TAMPA, FL. 33607

The effective date for this Limited Partnership shall be:

05/17/2013

Signed this Seventeenth day of May, 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: SHAWN WILSON

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.