

# Certificate of Limited Partnership

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FILED  
February 05, 2014  
Sec. Of State  
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Name of Limited Partnership:

QUEENSFORT MUNICIPAL BOND 2014 FLL - A, LP

Street Address of Limited Partnership:

1000 5TH STREET  
SUITE 223  
MIAMI BEACH, FL. 33139

Mailing Address of Limited Partnership:

1000 5TH STREET  
SUITE 223  
MIAMI BEACH, FL. 33139

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

QUEENSFORT MUNICIPAL BOND 2014 FLL - A MAN  
1000 5TH STREET  
SUITE 223  
MIAMI BEACH, FL. 33139

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

Registered Agent Signature: THOMAS SCOTT

The name and address of all general partners are:

Title: G  
QUEENSFORT MUNICIPAL BOND 2014 FLL - A MAN  
1000 5TH STREET SUITE 223  
MIAMI BEACH, FL. 33139

Signed this Fifth day of February, 2014

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: THOMAS SCOTT

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.