

# Certificate of Limited Partnership

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FILED  
March 06, 2014  
Sec. Of State  
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Name of Limited Partnership:

HOLLYBROOK VILLAGE LIMITED PARTNERSHIP

Street Address of Limited Partnership:

104 KING STREET  
JACKSONVILLE, FL. 32204

Mailing Address of Limited Partnership:

104 KING STREET  
JACKSONVILLE, FL. 32204

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

LYNN GRIFFIN  
104 KING STREET  
JACKSONVILLE, FL. 32204

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

Registered Agent Signature: LYNN GRIFFIN

The name and address of all general partners are:

Title: G  
HOLLYBROOK VILLAGE GP LLC  
104 KING STREET  
JACKSONVILLE, FL. 32204

Signed this Sixth day of March, 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: CARLTON FREEMAN, PRESIDENT OF MANAGER

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.