

Certificate of Limited Partnership

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FILED
July 10, 2014
Sec. Of State
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Name of Limited Partnership:

MAPLE LEAF OF FLORIDA LLLP

Street Address of Limited Partnership:

5559 EDUCATION DR.
PACE, FL. US 32571

Mailing Address of Limited Partnership:

5559 EDUCATION DR.
PACE, FL. US 32571

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

JASON R MOSLEY
4655 WOODBINE RD.
PACE, FL. 32571

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

Registered Agent Signature: JASON R. MOSLEY

The name and address of all general partners are:

Title: G
MAPLE LEAF GP, INC.
5559 EDUCATION DR.
PACE, FL. 32571 US

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Tenth day of July, 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: PAULA A. WRIGHT, PRESIDENT

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.