Certificate of Limited Partnership

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FILED
September 04, 2014
Sec. Of State
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Name of Limited Partnership:

LECESSE OP, LLLP

Street Address of Limited Partnership:

650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL. US 32701

Mailing Address of Limited Partnership:

650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL. US 32701

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

LECESSE DEVELOPMENT CORP
650 S. NORTHLAKE BLVD.
SUITE 450
ALTAMONTE SPRINGS, FL. 3201

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

Registered Agent Signature: SALVADOR LECCESE

The name and address of all general partners are:

Title: G
LECESSE ORCHID PARK, INC.
650 S. NORTHLAKE BLVD., SUITE 450
ALTAMONTE SPRINGS, FL. 32701 US

The effective date for this Limited Partnership shall be:

09/04/2014

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Fourth day of September, 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: SALVADOR LECCESE

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.