Certificate of Limited Partnership

A14000000644 FILED November 24, 2014 Sec. Of State tcline

Name of Limited Partnership: CHAMPIONSGATE PARTNERS, LP

Street Address of Limited Partnership:

209 TOWN CENTER BLVD DAVENPORT, FL. 33896

Mailing Address of Limited Partnership:

209 TOWN CENTER BLVD DAVENPORT, FL. 33896

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

JOHN H MARLING 209 TOWN CENTER BLVD DAVENPORT, FL. 33896

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

Registered Agent Signature: JOHN H. MARLING

The name and address of all general partners are:

Title: G CHAMPIONSGATE PARTNERS, LLC 209 TOWN CENTER BLVD DAVENPORT, FL. 33896

Signed this Twenty Fourth day of November, 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: JOHN H. MARLING

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.