

Certificate of Limited Partnership

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FILED
December 12, 2014
Sec. Of State
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Name of Limited Partnership:

DAVID JON MAGUIRE FAMILY LP

Street Address of Limited Partnership:

11 MIMOSA COURT EAST
HOMOSASSA, FL. 34446

Mailing Address of Limited Partnership:

11 MIMOSA COURT EAST
HOMOSASSA, FL. 34446

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

SHARI M BILLINGS
11 MIMOSA COURT EAST
HOMOSASSA, FL. 34446

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

Registered Agent Signature: SHARI M. BILLINGS

The name and address of all general partners are:

Title: G
HORACE Y MAGUIRE
8733 WEST YULEE DRIVE #107
HOMOSASSA, FL. 34448

The effective date for this Limited Partnership shall be:

12/12/2014

Signed this Twelfth day of December, 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: HORACE Y. MAGUIRE

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.