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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please \*\*

Email Address: emcginty@slk-law.com

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## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must be Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited LLLP.	** *
2. 9232 Tiara Court, New Port Richev, Florida 34655 (Street address of initial designated office)	<del></del>
3. A. Edward McGinty	2015 DE SECRE
(Name of Registered Agent for Service of Process)	ASSEE, FLOR
4. 101 East Kennedy Blvd., Suite 2800, Tampa, Florida 33602  (Florida street address for Registered Agent) I hereby accept the appointment as registere this capacity. I further agree to comply with the provisions of all statutes relative to performance of my duties, and I am familiar with an accept the obligations of my pos	the proper and complete

5. 9232 Tiara Court, New Port Richey, Florida 34655

(Mailing address of initial designated office)

6. If limited partnership elects to be a limited liability limited partnership, check box

Limited partnership has checked box and elects to be a limited liability limited partnership.

Signature of Registered Agent

## H150002933323

Name;	<u>Business Address:</u>	Business Address:	
Vincent McBride	9232 Tiara Cou	9232 Tiara Court	
and Coop	New Port Riche	New Port Richey, FL 34655	
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		20 DEC	
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<ol> <li>Effective date, if other than the c (Effective date cannot be prior to no by the Florida Department of State.)</li> </ol>	<del> </del>	the date the document i	
ligned this 11th day	of December	, 2015	
Signature of each general partner:			

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