

Certificate of Limited Partnership

A1500000814
FILED
December 23, 2015
Sec. Of State
jshivers

Name of Limited Partnership:

WALKER FAMILY NO. 1 LIMITED PARTNERSHIP

Street Address of Limited Partnership:

8045 NW GAINESVILLE RD
OCALA, FL. US 34475

Mailing Address of Limited Partnership:

8045 NW GAINESVILLE RD
OCALA, FL. US 34475

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

TRACI J WALKER
8045 NW GAINESVILLE RD
OCALA, FL. 34475

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

Registered Agent Signature: TRACI J. WALKER

The name and address of all general partners are:

Title: G
TRACI J WALKER
8045 NW GAINESVILLE RD
OCALA, FL. 34475 US

Title: G
DAVID WALKER
8045 NW GAINESVILLE RD
OCALA, FL. 34475 US

Signed this Twenty Third day of December, 2015

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: TRACI J. WALKER

General Partner Signature: DAVID WALKER

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.