

Certificate of Limited Partnership

A16000000150
FILED
March 21, 2016
Sec. Of State
mmilligan

Name of Limited Partnership:

BAILES GIVING, LLLP

Street Address of Limited Partnership:

8989 SOUTH ORANGE AVENUE
ORLANDO, FL. 32824

Mailing Address of Limited Partnership:

8989 SOUTH ORANGE AVENUE
ORLANDO, FL. 32824

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

BAILES E CHARLES III
8989 SOUTH ORANGE AVENUE
ORLANDO, FL. 32824

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

Registered Agent Signature: CHARLES E. BAILES, III

The name and address of all general partners are:

Title: G
BAILES GIVING GP, LLC
8989 SOUTH ORANGE AVENUE
ORLANDO, FL. 32824

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty First day of March, 2016

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: CHALES E. BAILES, III

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.