

# Certificate of Limited Partnership

A16000000179  
FILED  
April 01, 2016  
Sec. Of State  
mmilligan

Name of Limited Partnership:

WILLIAM SPARKS L.P.

Street Address of Limited Partnership:

4106 S. NOVA RD.  
PORT ORANGE,, FL. US 32127

Mailing Address of Limited Partnership:

4106 S. NOVA RD.  
PORT ORANGE,, FL. US 32127

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

WILLIAM C SPARKS  
4106 S. NOVA RD.  
PORT ORANGE,, FL. 32127

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

Registered Agent Signature: WILLIAM C. SPARKS

The name and address of all general partners are:

Title: G  
WILLIAM C SPARKS  
4106 S. NOVA RD.  
PORT ORANGE, FL. 32127 US

The effective date for this Limited Partnership shall be:

04/01/2016

Signed this First day of April, 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: WILLIAM C. SPARKS

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.