## **Certificate of Limited Partnership**

A16000000186 FILED April 05, 2016 Sec. Of State

Name of Limited Partnership: THE CAR CLINIC LLLP

Street Address of Limited Partnership:

4381 COUNTY ROAD 218 WEST MIDDLEBURG, FL. 32068

Mailing Address of Limited Partnership:

4381 COUNTY ROAD 218 WEST MIDDLEBURG, FL. 32068

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

PHILIP G SPIVEY JR. 4305 ANGORA ST MIDDLEBURG, FL. 32068

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

Registered Agent Signature: PHILIP G SPIVEY JR.

The name and address of all general partners are:

Title: G PHILIP G SPIVEY JR. 4305 ANGORA ST MIDDLEBURG, FL. 32068

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Fifth 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: PHILIP G SPIVEY JR.

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.