

# Certificate of Limited Partnership

A16000000246  
FILED  
May 18, 2016  
Sec. Of State  
mmilligan

Name of Limited Partnership:

TEGAN FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

5438 COLD SPRING LN  
NORTH PORT, FL, . 34291

Mailing Address of Limited Partnership:

PO BOX 7362  
NORTH PORT, FL, . 34290

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

THEODORE J LEMEK  
5438 COLD SPRING LN  
NORTH PORT, FL. 34291

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

Registered Agent Signature: THEODORE J. LEMEK

The name and address of all general partners are:

Title: G  
THEODORE J LEMEK  
5438 COLD SPRING LN  
NORTH PORT, FL. 34291

Title: G  
KATHLEEN A LEMEK  
5438 COLD SPRING LN  
NORTH PORT, FL. 34291

Title: G  
EDWARD W CRONIN  
5438 COLD SPRING LN  
NORTH PORT, FL. 34291

Signed this Eighteenth day of May, 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: THEODORE J. LEMEK

General Partner Signature: KATHLEEN A. LEMEK

General Partner Signature: EDWARD W. CRONIN

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.