

Certificate of Limited Partnership

A17000000119
FILED
March 13, 2017
Sec. Of State
ncausseaux

Name of Limited Partnership:

AXEL OPERATIONS, LP

Street Address of Limited Partnership:

3403 W WALLCRAFT AVE
TAMPA, FL. 33611

Mailing Address of Limited Partnership:

3403 W WALLCRAFT AVE
TAMPA, FL. 33611

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

ALMQUIST, INC.
3403 W WALLCRAFT AVE
TAMPA, FL. 33611

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

Registered Agent Signature: HALEIGH ALMQUIST

The name and address of all general partners are:

Title: G
ALMQUIST, INC.
3403 W WALLCRAFT AVE
TAMPA, FL. 33611

Signed this Thirteenth day of March, 2017

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: HALEIGH ALMQUIST, PRESIDENT

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.