

Division of Corporations

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**A1700000639**

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To: Division of Corporations  
Fax Number : (850) 617-6383

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**FLORIDA/FOREIGN LP/LLLP  
ELF HILL HOLDINGS, LTD.**

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**ELF HILL HOLDINGS, LTD.**

In accordance with Florida Statute Section 620.1201, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name.** The name of this Limited Partnership shall be Elf Hill Holdings, Ltd.
2. **Registered Agent and Address.** The office and the name of the agent for service of process required to be maintained is as follows:

Peter W. Macchione  
125 1/2 7th Ave NE  
St Petersburg, FL 33701

3. **General Partner.** The names and business addresses of the general partners are:

Robert F. Macchione, Trustee of the  
Robert F. Macchione Revocable Trust  
w/a/d November 21, 2013, as amended  
17561 Cedarwood Loop  
Lutz, Florida 33558

Dolores K. Lowe, Trustee of the  
Dolores K. Lowe Revocable Trust  
w/a/d December 7, 2017, as amended  
17561 Cedarwood Loop  
Lutz, Florida 33558

4. **Street and Mailing Address.** The principal office and mailing address of the Limited Partnership is:

Principal Office Address  
17561 Cedarwood Loop  
Lutz, FL 33558

Mailing Address  
PO Box 2109  
St. Petersburg, FL 33731

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2017 DEC 2 P 11:00  
TALLAHASSEE, FLORIDA

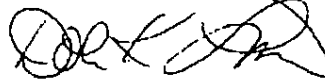
*We submit this Certificate of Limited Partnership and affirm that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.*

Signed this 8th day of DECEMBER, 2017.

**GENERAL PARTNERS:**



Robert F. Macchione, Trustee



Dolores K. Lowe, Trustee

**CERTIFICATE OF ACCEPTANCE**

Having been named as registered agent and to accept service of process for Elf Hill Holdings, Ltd., at the place designated as the registered office, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of my position as registered agent.



Peter W. Macchione