Certificate of Limited Partnership

A18000000109
FILED
March 12, 2018
Sec. Of State
ncausseaux

Name of Limited Partnership:

CASON FAMILY PARTNERSHIP LTD.

Street Address of Limited Partnership:

45 FAIRWAY LANE
JACKSONVILLE, FL. 32250

Mailing Address of Limited Partnership:

18905 COUNTY ROAD 89
MENTONE, AL. 35984

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

TARA COOPER
45 FAIRWAY LANE
JACKSONVILLE, FL. 32250

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

Registered Agent Signature: TARA C COOPER

The name and address of all general partners are:

Title: G
TARA C COOPER
18905 COUNTY ROAD 89
MENTONE, AL. 35984

Title: G
CHARLES M CASON
45 FAIRWAY LANE
JACKSONVILLE, FL. 32250

The effective date for this Limited Partnership shall be:

03/12/2018

Signed this Twelfth day of March, 2018

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: TARA C COOPER

General Partner Signature: CHARLES M CASON

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.