

# Certificate of Limited Partnership

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FILED  
April 05, 2018  
Sec. Of State  
ncausseaux

Name of Limited Partnership:

THE MACHADO FAMILY LIMITED PARTNERSHIP NO. 4

Street Address of Limited Partnership:

6465 W 24 AVE.  
101  
HIALEAH, FL. US 33016

Mailing Address of Limited Partnership:

P.O. BOX 161387  
HIALEAH, FL. US 33016

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

CEFERINO MACHADO  
6465 W 24 AVE.  
101  
HIALEAH, FL. 33016

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

Registered Agent Signature: CEFERINO MACHADO

The name and address of all general partners are:

Title: G  
CEFERINO MACHADO  
6465 W 24 AVE., APT. 101  
HIALEAH, FL. 33016 US

Signed this Fifth day of April, 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: CEFERINO MACHADO

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.