

Florida Department of State
Division of Corporations
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**FLORIDA/FOREIGN LP/LLLP
HAYES FAMILY, LTD. 3**

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**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
HAYES FAMILY, LTD. 3**

In accordance with Section 620.1201, Florida Statutes, the undersigned general partner hereby makes and files with the Florida Department of State this Certificate of Limited Partnership for purpose of forming a limited partnership as follows:

1. **Name**. The name of this limited partnership shall be **Hayes Family, Ltd. 3** (the "Partnership").

2. **Address**. The street and mailing address of the Partnership is:

12094 Anderson Road, Suite 320
Tampa, Florida 33625

3. **Registered Agent and Address**. The name and address of the Partnership's agent is:

James W. Goodwin
201 N. Franklin Street, Suite 2000
Tampa, Florida 33602

4. **General Partner**. The name and address of the general partner is:

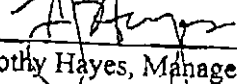
Experience Holdings, LLC
12094 Anderson Road, Suite 320
Tampa, Florida 33625

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

Signed this 25th day of January, 2022.

General Partner:

Experience Holdings, LLC

By: 
Timothy Hayes, Manager

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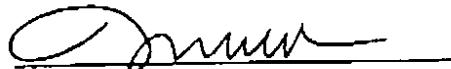
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ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

The undersigned, **James W. Goodwin**, having been designated as Registered Agent of **Hayes Family, Ltd. 3**, hereby accepts appointment as Registered Agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated: January 25, 2022



James W. Goodwin
Registered Agent