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FROM: MAHONEY, ADAMS & CRISER, P.A.  
CONTACT: LINDA A QUINE  
PHONE: (904)354-1100

ACCT#: 071075000165

FAX #: (904)798-2697

NAME: CLC MANAGEMENT, LTD.

AUDIT NUMBER.....H98000000042

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....0

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R. AGING FEE \_\_\_\_\_  
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REFUND \_\_\_\_\_

TC  
\$60,000.00

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**CERTIFICATE OF LIMITED PARTNERSHIP OF**

**CLC MANAGEMENT, LTD.**

CLC MANAGEMENT, INC., a Florida corporation, as sole General Partner of CLC Management, Ltd., a Florida limited partnership, does hereby execute this Certificate of Limited Partnership pursuant to the provisions of Section 620.108, Florida Statutes.

1. The name of the Limited Partnership shall be CLC Management, Ltd.
2. The name and address of the Partnership's agent for service of process required to be maintained by Section 620.105, Florida Statutes, is Colin W.L. Armstrong, 116 Laurel Court, Ponte Vedra Beach, Florida 32082.
3. The name and business address of the sole General Partner is CLC Management, Inc., 116 Laurel Court, Ponte Vedra Beach, Florida 32082. This is also the address of the office at which the records required by Section 620.106 are maintained.
4. The mailing address for the Limited Partnership is 116 Laurel Court, Ponte Vedra Beach, Florida 32082.

The latest date upon which the Limited Partnership is to dissolve is 5:00 p.m. on January 31, 2020.

CLC MANAGEMENT, INC.

By: Colin W.L. Armstrong  
COLIN W.L. ARMSTRONG, PRES.

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STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing Certificate of Limited Partnership of CLC MANAGEMENT, LTD., a Florida limited partnership, was executed, acknowledged and delivered before me this 2nd day of January, 1998, by COLIN W.L. ARMSTRONG, the President of CLC Management, Inc., a Florida corporation, which is the sole General Partner of the Limited Partnership, in Jacksonville, Florida.



HALCYON E. SKINNER  
MY COMMISSION # 00394368 EXPIRES  
September 4, 1998  
BONDED THIRD TRUST FARM INSURANCE, INC.

H. Skinner  
Notary Public, State of Florida

[Print, Type or Stamp Commissioned Name  
of Notary Public]

Commission No.:

My Commission Expires:

(NOTARIAL SEAL)

Personally known  
or produced identification  
Type of identification produced

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**AFFIDAVIT OF LIMITED PARTNER CONTRIBUTIONS**

**STATE OF FLORIDA  
COUNTY OF DUVAL**

BEFORE ME, the undersigned authority, personally appeared COLIN W.L. ARMSTRONG, President, of CLC MANAGEMENT, INC., a Florida corporation and sole General Partner of CLC Management, Ltd., pursuant to Florida Statutes Section 620.108 and after having been duly sworn, hereby affirms the following:

1. The total anticipated capital contributions by the Limited Partners of CLC Management, Ltd. are \$60,000.
2. The total initial capital contributions by the Limited Partners of CLC Management, Ltd. are \$60,000.

CLC MANAGEMENT, INC.

By: Colin W. L. Armstrong  
COLIN W.L. ARMSTRONG, PRES

FILED  
98 JAN -2 1998  
TALLAHASSEE  
FLORIDA

**STATE OF FLORIDA  
COUNTY OF DUVAL**

The foregoing Affidavit was acknowledged and sworn to before me this 2d day of January, 1998 by COLIN W.L. ARMSTRONG, the President of CLC Management, Inc., a Florida corporation and sole General Partner of the Limited Partnership.



HALCYON E. SKINNER  
MY COMMISSION # 0030493 EXPIRES  
September 4, 1998  
BONDED THRU TROY FARM INSURANCE, INC.

H. Skinner  
Notary Public, State of Florida

[Print, Type or Stamp Commissioned Name  
of Notary Public]

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARIAL SEAL)

Personally known \_\_\_\_\_  
or produced identification \_\_\_\_\_  
Type of identification produced \_\_\_\_\_

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