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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From: Account Name : CORPDIRECT AGENTS, INC.
 Account Number : 110450000714
 Phone : (850) 222-1173
 Fax Number : (850) 224-1640

001495.182372

FILED
 13 MAR 12 AM 8:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
 SMYRNA LAND COMPANY L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

RECEIVED

13 MAR 12 PM 12:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

K. SALY
 EXAMINER
 MAR 13 2013

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR,
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
13 MAR 12 AM 8:14
RECEIVED
TALLAHASSEE, FLORIDA

1. Smyrna Land Company L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact a business in Florida; must contain acceptable suffix.

2. Tennessee

State or Country of Formation

3. 03/08/2013

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

United Corporate Services, Inc.

9200 South Dadeland Blvd. Ste. 508

Miami, FL 33156

5. 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 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.

Michael A. Barr, Michael A. Barr, President

Signature of Registered Agent

7. Principle Office (Florida Street Address)

9200 SOUTH DADELAND BLVD, SUITE 508

Miami, FL 33156

8. Mailing Address:

3309 Fairmont Dr.

Nashville, TN 37203

9. If limited partnership is a limited liability limited partnership, check box

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Graco Development, Inc.

Name of General Partner: _____

Street Address: 3309 Fairmont Dr.

Street Address: _____

Nashville, TN 37203

Mailing Address: 3309 Fairmont Dr.

Mailing Address: _____

Nashville, TN 37203

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 5th day of March, 20 13



 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is 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. **Thomas L. Saifert, Vice President of General Partner**

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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STATE OF TENNESSEE
Tre Hargett, Secretary of State
 Division of Business Services
 William R. Snodgrass Tower
 312 Rosa L. Perks AVE, 6th FL
 Nashville, TN 37243-1102

CFS
 SUITE B
 992 DAVIDSON DRIVE
 NASHVILLE, TN 37205

March 11, 2013

Request Type: Certificate of Existence/Authorization
 Request #: 0091836

Issuance Date: 03/11/2013
 Copies Requested: 1

Document Receipt

Receipt #: 946075

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

Regarding: Smyrna Land Company L.P.
 Filing Type: Limited Partnership - Domestic
 Formation/Qualification Date: 03/06/2013
 Status: Active
 Duration Term: Expires: 03/06/2063
 Business County: DAVIDSON COUNTY

Control #: 712034
 Date Formed: 03/06/2013
 Formation Locale: TENNESSEE
 Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the Issuance date noted above

Smyrna Land Company L.P.

- * is a Limited Partnership duly created under the law of this State, whose Certificate of Limited Partnership was filed with this office on the date given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
 Secretary of State

Processed By: Nichole Hambrick

Verification #: 002638722