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**MALHOTRA, LLLP**

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**CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP**
**OF**
**MALHOTRA, LLLP**

Pursuant to the authority of Section 620.1201, Florida Statutes, the undersigned, constituting the general partners of **MALHOTRA, LLLP** (the "Partnership"), hereby submits the following in connection with the formation of the Partnership:

1. The name of the Partnership shall be **MALHOTRA, LLLP**.

2. The address of the office where records shall be kept shall be 5351 Championship Cup Lane, Brooksville, Florida 34609. The name and address of the registered agent for service of process is Vikas Malhotra, 5351 Championship Cup Lane, Brooksville, Florida 34609.

3. The names and addresses of the general partners are:

Vikas Malhotra, Trustee of the Vikas Malhotra
Family Trust dated September 15, 2006
5351 Championship Cup Lane
Brooksville, Florida 34609

Meenakshi Malhotra, Trustee of the Meenakshi Malhotra
Family Trust dated September 15, 2006
5351 Championship Cup Lane
Brooksville, Florida 34609

4. The mailing address and principal place of business of the limited partnership is 5351 Championship Cup Lane, Brooksville, Florida 34609.

5. The limited partnership elects to be a limited liability limited partnership.

This Agreement has been executed by the undersigned this 15 day of September, 2006.

**GENERAL PARTNERS:**

Vikas Malhotra, Trustee of the Vikas Malhotra Family Trust dated September 15, 2006

Meenakshi Malhotra, Trustee of the Meenakshi Malhotra Family Trust dated September 15, 2006

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## ACKNOWLEDGEMENT OF REGISTERED AGENT

Having been designated as Registered Agent for **MALHOTRA, LLLP** the undersigned hereby accepts the designation and agrees to act as the Registered Agent of said limited partnership and states that the undersigned is familiar with the undersigned's statutory obligations as such.

Vikas Malhotra

Dated this 15 day of September, 2006.

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