

Certificate of Limited Partnership

A20000000040
FILED
January 21, 2020
Sec. Of State
sprather

Name of Limited Partnership:

ELEPHANT CLINIC LTD.

Street Address of Limited Partnership:

8 UNF DRIVE #221
JACKSONVILLE, FL. US 32224

Mailing Address of Limited Partnership:

8 UNF DRIVE #221
JACKSONVILLE, FL. US 32224

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

REGISTERED AGENTS INC.
7901 4TH ST N
300
ST. PETERSBURG, FL. 33702

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

Registered Agent Signature: BILL HAVRE

The name and address of all general partners are:

Title: G
ELLION MANAGEMENT LLC
8 UNF DRIVE #221
JACKSONVILLE, FL. 32224 US

Signed this Twenty First day of January, 2020

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: JOSEPH GVILDYS

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.