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SECRETARY OF STATE

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: SUDEER SINGH FAMILY LIMITED PARTNERSHIP (Name of Florida Limited Partnership or Limited Liability Limited Partnership) |
| The enclosed Certificate of Limited Partnership and fees are submitted for filing. |
| Please return all correspondence concerning this matter to: |
| SUDEEP SINGH (Contact Person) |
| (Firm/Company) |
| BRADENTON FL 34210 器 3 音 |
| (Address) |
| BRADENTON FL 34Q10 |
| (City, State and Zip Code) |
| (City, State and Zip Code) For further information concerning this matter, please call: |
| SUDEE SINGH at (941) 447-0276 Pin (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$1,000.00 Filing Fees \$\instyle{\text{S}}\$1,008.75 Filing Fees \$\instyle{\text{S}}\$1,052.50 Filing Fees \$\instyle{\text{S}}\$\$1,061.25 Filing Fees, (\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and \$35 Registered Agent Status Fee) |
| STREET ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section |
| Division of Corporations Clifton Building Division of Corporations P. O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 |
| Tallahassee, FL 32301 |

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| 1 | SUDEEP | SINGH | FAMILY | LIMITED | PARTNERSHIP |
|--------|--|--|--|--|-------------|
| Accep | Name of Limited Partnersh table Limited Partnership table Limited Liability Lin | nip or Limited Liabil suffixes: Limited Pa | ity Limited Partnersl rtnership, Limited, I | nip, which must include L.P., LP, or Ltd. | suffix) |
| 2 | 3525 | SISTAVE | W BR | ADENTON | FL 34310 |
| | | (Street address of in | itial designated offic | e) | SECRET |
| 3. | 5 | UDEEP S | SINGH | | 靈二四 |
| | - | me of Registered Ag | | • | TO I |
| 4. | 3525 | SIST AVE | WB | RADENTO | J FL 雞a苗 |
| | (| Florida street addres | | | कुल म |
| comply | ereby accept the appointn y with the provisions of all am familiar with and acce | l statutes relative to t | he proper and comp | lete performance of my | |
| | | Signature of R | degistered Agent | | |
| 6 | 3525 | 518r AV Mailing address of in | E W nitial designated offi | BRADENTO | m FL 34210 |
| 7. If | limited partnership el | ects to be a limite | d liability limited | nartnership, check | box |

| 8. Name and business address of ea Name: | ach general partner: Business Address: | |
|---|--|----|
| SUDEEP SINGS | 1 3525 SISTAVEW BRADENTON | |
| | FL-34210 | - |
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| | SECRETARY OF THE SECRETARY OF | 空巴 |
| | OF STATE OF STATE | |
| 9. Effective date, if other than the date of i | | |
| (Ejjective date cannot be prior to no filed by the Florida Department of S | or more than 90 days after the date the document is State.) | |
| Signed this 24 day of | of JULY, 2006. | |
| Signature of each general partner: | | |
| | | |
| Filing Fees: Certified Copy (optional): Certificate of Status (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2 | |