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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

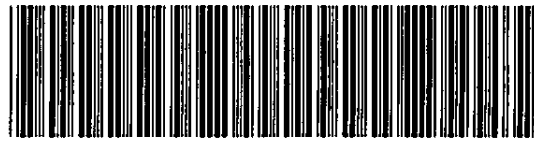
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TALLAHASSEE FLORIDA

**CERTIFICATE OF LIMITED
PARTNERSHIP OF
Fowler Dental Management Family Limited
Partnership**

The undersigned, desiring to organize and establish a limited partnership company pursuant to the laws of the State of Florida, does execute this Certificate of Limited Partnership this 2nd day of February, 2007.

**ARTICLE I
NAME**

The name of the limited partnership is Fowler Dental Management Family Limited Partnership.

**ARTICLE II
DURATION**

The period of duration for this limited partnership is 25 years from the date of filing the Certificate of Limited Partnership with the appropriate state filing office unless extended and/or sooner dissolved by the members or as provided by state law.

**ARTICLE III
PURPOSE**

The purpose for which this limited partnership is organized is to Protect Assets and Estate Planning and to otherwise perform any lawful purpose related thereto.

**ARTICLE IV
GENERAL PARTNERS**

General Partners:

Harvey Jay Fowler
Tawnya Marie Fowler

**ARTICLE V
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the limited partnership is 10571 SW Lands End Place Palm City, FL 34990.

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ARTICLE VI REGISTERED AGENT & OFFICE

The name of the limited partnership's registered agent, whose Consent to Appointment as Registered Agent is included with these Articles, is Harvey Jay Fowler and the address of the registered office and principal place of business within the State of Florida is 10571 SW Lands End Place Palm City, FL 34990.

ARTICLE VII LIMITED PARTNERS

Limited Partners:	Address:
The Harvey Jay Fowler Living Trust	10571 SW Lands End Place Palm City, FL 34990
Aston Tyler Fowler	10571 SW Lands End Place Palm City, FL 34990
Alison Cheree Fowler	10571 SW Lands End Place Palm City, FL 34990

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ARTICLE VIII ADMISSION OF ADDITIONAL PARTNERS

Additional partners may be admitted to this limited partnership only with and upon such terms as are set forth in the Limited Partnership Agreement.

ARTICLE IX CONTINUATION

The remaining members of this limited partnership may, by unanimous vote, exercise the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a partner or occurrence of any other event, which terminates the continued membership of a partner in this limited partnership.

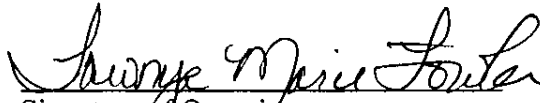
ARTICLE X MANAGEMENT

The business of the limited partnership shall be conducted under the exclusive management of its general partner(s) who shall have exclusive authority to act for the limited partnership in all matters. Partners cannot enter into a Business Dissolution Consent Agreement, except upon compliance with and satisfaction of any laws, statutes, regulations, and rules of the State of Florida and the Limited Partnership Agreement.

ARTICLE XI ORGANIZER

The name and address of the organizer of this Limited Partnership are:
Tawnya Marie Fowler, 10571 SW Lands End Place Palm City, FL 34990

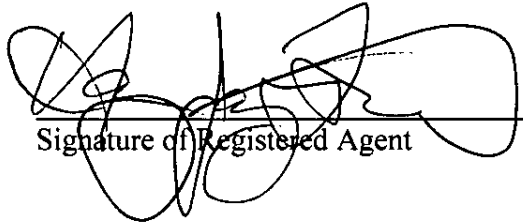
IN WITNESS WHEREOF, the Organizer has caused this Certificate of Limited Partnership to be executed this 2nd day of February, 2007.


Signature of Organizer

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, Harvey Jay Fowler, accept appointment as registered agent for and on behalf of Fowler Dental Management Family Limited Partnership, and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.


Signature of Registered Agent

Subscribed, sworn to, and executed before me this 2nd day
of February, 2007 by Harvey Jay Fowler, Registered Agent of
Fowler Dental Management Family Limited Partnership


Notary Public

Palm City
Residing At

My Commission Expires

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TALLAHASSEE FLORIDA



Laurie M. Verzi
MY COMMISSION # DD235395 EXPIRES
August 14, 2007
BONDED THRU TROY FAIR INSURANCE, INC.