

# **Certificate of Limited Partnership**

**A07000000944**  
**FILED**  
**August 08, 2007**  
**Sec. Of State**  
gharvey

Name of Limited Partnership:

VISION FUND I LIMITED PARTNERSHIP

Street Address of Limited Partnership:

1650 SUMMIT LAKE DR.  
SUITE 1012  
TALLAHASSEE, FL. 32317

Mailing Address of Limited Partnership:

1650 SUMMIT LAKE DR.  
SUITE 1012  
TALLAHASSEE, FL. 32317

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

THOMPkins W WHITE  
1650 SUMMIT LAKE DR.  
SUITE 1013  
TALLAHASSEE, FL. 32317

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

Registered Agent Signature: THOMPkins WHITE

The name and address of all general partners are:

Title: G  
VISION FUND MANAGEMENT, LLC  
1650 SUMMIT LAKE DR. SUITE 1012  
TALLAHASSEE, FL. 32317

The effective date for this Limited Partnership shall be:

08/08/2007

Signed this Eighth day of August, 2007

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: THOMPkins WHITE