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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LP/LLP
PRESTIGE HEALTH CAPITAL PARTNERS LLLP**

Certificate of Status	1
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Estimated Charge	\$1,008.75

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

1. PRESTIGE HEALTH CAPITAL PARTNERS LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L. P. or LLLP.

2. 215 Monroe Street, Suite 420, Tallahassee, FL 32301

(Street address of initial designated office)

3. A. Edward McGinty

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Blvd., Suite 2800, Tampa, FL 33602

(Florida street address for Registered Agent) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

6. 215 Monroe Street, Suite 420, Tallahassee, FL 32301

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box



Limited partnership has checked box and elects to be a limited liability limited partnership.

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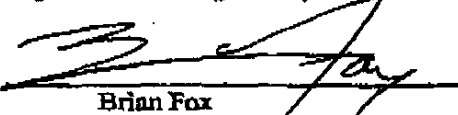
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8. Name and business address of each general partner:

Name:Business Address:Brian Fox505 Tremont Street, #204Boston, MA 021169. Effective date, if other than the date of filing: N/A*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*Signed this 17th day of September, 2007

Signature of each general partner



Brian Fox

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$ 52.50

\$ 8.75

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