

Division of Corporations

Page 1 of 1

A070000001376

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000299902 3)))



H070002999023ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

07 DEC 14 AM 9:56

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

07 DEC 14 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LP/LLP****AESCLEPIAN PARTNERS, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

SBM
12/17

CERTIFICATE OF LIMITED PARTNERSHIP

AESCLEPIAN PARTNERS, LLLP

On this 14th day of December 2007, the undersigned, being authorized to form a limited liability limited partnership (the "Partnership") pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, as amended (the "Act"), hereby certify as follows:

1. **Name and Limited Liability Status.** The name of the Partnership is AESCLEPIAN PARTNERS, LLLP. The Limited Partnership elects limited liability limited partnership status.

2. **Registered Agent and Registered Office.** The name and address of the Partnership's registered agent and registered office address in required to be maintained by FLA. STAT. § 620.105 is DAVID A. HOLMES, 99 Nesbit Street, Punta Gorda, Florida 33950.

3. **Business Address.** The business and mailing address of the Partnership is 200 Harborwalk Drive, Unit 134, Punta Gorda, FL 33950.

4. **General Partner.** The name and address of the General Partner of the Partnership is:

CHRISTOPHER G. CONSTANCE
200 Harborwalk Drive, Unit 134
Punta Gorda, FL 33950

5. **Period of Existence.** The period of existence of the Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Florida Department of State--Corporations Division and shall continue until dissolution December 31, 2106.

6. **Limited Partnership Agreement.** Any limited partnership agreement of the Partnership (the "Limited Partnership Agreement") must be in writing.

7. **Management.** The Partnership shall be managed by its General Partner in accordance with the procedures prescribed in the Limited Partnership Agreement; provided, however, that without prior written consent or authorization by the majority in interest of the Limited Partners of the Partnership, no General Partner shall be authorized to take any action set forth below:

a. commit act in contravention or violation of this certificate of limited partnership or the limited partnership agreement;

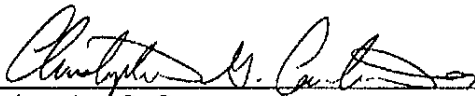
b. commit any act which would make it impossible to carry on the ordinary business of the partnership;

c. confess a judgment against the partnership other than in connection with third party loans to the partnership;

SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 14 AM 9:56

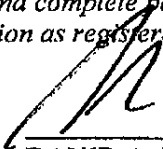
- d. possess any partnership property, or assign the rights of the partners in the specific partnership property, for other than a partnership purpose;
- e. assign the partnership property or assets in trust for creditors or on the basis of an assignee's promise or undertaking to pay the debts or obligations of the partnership;
- f. commingle partnership funds with the funds of others, or
- g. admit a person or entity as a general partner of the partnership except as provided in the limited partnership agreement.

GENERAL PARTNER:


Christopher G. Constance

ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability partnership at the place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


DAVID A. HOLMES
Registered Agent