

Certificate of Limited Partnership

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FILED
May 12, 2008
Sec. Of State
gharvey

Name of Limited Partnership:

THE CUMMINGS FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

C/O FRANK M DOCKTOR 50 EAST ROAD
APT 9B
DELRAY BEACH, FL. US 33483

Mailing Address of Limited Partnership:

C/O FRANK M DOCKTOR 50 EAST ROAD
APT 9B
DELRAY BEACH, FL. US 33483

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

FRANK M DOCKTOR
50 EAST ROAD, 9B
APT 9B
DELRAY BEACH, FL. 33483

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

Registered Agent Signature: FRANK M DOCKTOR

The name and address of all general partners are:

Title: G
FRANK M DOCKTOR, TRUSTEE UA DTD 3/28/06
50 EAST ROAD APT 9B
DELRAY BEACH, FL. 33483 US

Title: G
GAIL C DOCKTOR, TRUSTEE UA DTD 3/28/06
50 EAST ROAD APT 9B
DELRAY BEACH, FL. 33483 US

The effective date for this Limited Partnership shall be:

05/12/2008

Signed this Twelfth day of May, 2008

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: FRANK M DOCKTOR

General Partner Signature: GAIL C DOCKTOR