

Certificate of Limited Partnership

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FILED
February 24, 2009
Sec. Of State
gharvey

Name of Limited Partnership:

DR. LYNN AVERILL, L.P.

Street Address of Limited Partnership:

1617 SOUTH FEDERAL HWY.
APT. # 117
POMPANO BEACH, FL. US 33062

Mailing Address of Limited Partnership:

1617 SOUTH FEDERAL HWY.
APT. # 117
POMPANO BEACH, FL. US 33062

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

LYNN E AVERILL DR.
1617 SOUTH FEDERAL HWY.
APT. # 117
POMPANO BEACH, FL. 33062

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

Registered Agent Signature: LYNN AVERILL

The name and address of all general partners are:

Title: G
LYNN E AVERILL DR.
1617 SOUTH FEDERAL HIGHWAY APT. 117
POMPANO BEACH, FL. 33062 US

The effective date for this Limited Partnership shall be:

02/24/2009

Signed this Twenty Fourth day of February, 2009

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: LYNN E. AVERILL