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To:
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From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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Mistry Holdings, LLLP

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

1. MISTRY HOLDINGS, 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. 17229 Emerald Chase Drive
(Street address of initial designated office)

Tampa, Florida 33647

3. Bruce H. Gordon
(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Blvd., Ste. 2800
(Florida street address for Registered Agent)

Tampa, Florida 33602

5. *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.*

BH Gordon
Signature of Registered Agent

6. Same as above
(Mailing address of initial designated office)

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

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8. Name and business address of each general partner: P09000047849

Name:	Business Address:
Trident Universal, Inc.	17229 Emerald Chase Drive Tampa, Florida 33647

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9. Effective date, if other than the date of filing: _____

(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 18TH day of AUGUST, 2009.

Signature of each general partner:

Harshadrai V. Mistry President
Trident Universal, Inc.
General Partner

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
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