

Certificate of Limited Partnership

A11000000397
FILED
May 20, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

REGIONAL CENTER OF SOUTH FLORIDA, LP I

Street Address of Limited Partnership:

1221 BRICKELL AVENUE
1200
MIAMI, FL. 33131

Mailing Address of Limited Partnership:

1221 BRICKELL AVENUE
1200
MIAMI, FL. 33131

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

REGIONAL CENTER OF SOUTH FLORIDA, LLC
1221 BRICKELL AVENUE
1200
MIAMI, FL. 33131

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

Registered Agent Signature: BRIAN M. GARCIA

The name and address of all general partners are:

Title: G
REGIONAL CENTER GP I, LLC
1221 BRICKELL AVENUE, SUITE 1200
MIAMI, FL. 33131

The effective date for this Limited Partnership shall be:

05/20/2011

Signed this Twentieth day of May, 2011

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: BRIAN M. GARCIA

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.