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(Address)

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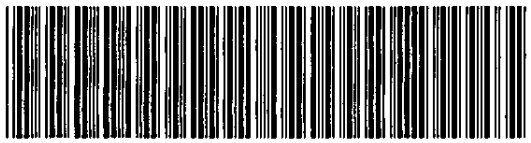
EXAMINER



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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HC IT SUPPORT FAMILY LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Jonathan H. Green
Contact Person

Jonathan H. Green & Associates, P.A.
Firm/Company

799 Brickell Plaza Suite 700
Address

Miami Florida 33131
City, State and Zip Code

RLT@JHGLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL L. TOLLEY at (305) 372-5100
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☑ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)
- ☐ $1,008.75 Filing Fees and Certificate of Status
- ☐ $1,052.50 Filing Fees and Certified Copy
- ☐ $1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP

OF THE

HC IT SUPPORT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

(a) **Name.** The name of the subject limited partnership is the HC IT SUPPORT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").

(b) **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

2847 NE 26 Place
Ft. Lauderdale, FL 33306

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Agent; Registered Office. The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A.
799 Brickell Plaza, Suite 700
Miami, FL 33131

(c) **General Partner.** The names and business address of the General Partner(s) are:

Farideh Gozleveli, Trustee

(d) **Mailing Address.** The mailing address of the Partnership is:

2847 NE 26 Place
Ft. Lauderdale, FL 33306

(e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2055.

(f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☑.

IN WITNESS WHEREOF, the general partner has duly executed this Certificate, this 4th day of August, 2011.

WITNESSES:

Print name: EDYNA C. BEARDSHAW

Print name: Jerrod Jones

FARIDEH GOZLEVELI, Trustee, her successor(s) as trustee(s) of the Amended and Restated Farideh Gozleveli Revocable Living Trust, General Partner