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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number: I20010000202 : (941)954-4691

Fax Number : (941)954-2128

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA/FOREIGN LP/LLLP QUALITIS SOLUTIONS USA LLLP

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AUG - 3 2012

EXAMMER

CERTIFICATE OF LIMITED PARTNERSHIP

THIS CERTIFICATE is executed on August 2, 2012, with respect to QUALITIS SOLUTIONS USA LLLP ("the Partnership").

- 1. Name. The Partnership's name is QUALITIS SOLUTIONS USA LLLP.
- 2. <u>Partnership's Business</u>. The Partnership may do all things not otherwise illegal under the laws of the State of Florida.
- 3. Street Address and Registered Agent. The street and mailing address of the initial designated office of the Partnership is 201 Tamiami Trail South, Suite 2, Nokomis, FL 34275. The name and street address of the initial registered agent for service of process required to be maintained by Fla. Stat. §620.1114 are:

ANGIE TINA PROCTOR 201 Tamiami Trail South, Suite 2 Nokomis, FL 34275

4. General Partners. The names and the business addresses of the General Partners are:

ANGIE TINA PROCTOR 201 Tamiami Trail South, Suite 2 Nokomis, FL 34275

GARY TRITTON c/o Qualitis Healthcare Solutions Videcom House Newton Road Henley on the Thames, United Kingdom RG9-1HG

- 5. LLLP Election. The Partnership elects to be a limited liability limited partnership pursuant to Florida law.
- 6. <u>Mailing Address</u>. The mailing address for the Limited Partnership is: 201 Tamiami Trail South, Suite 2, Nokomis, FL 34275.

IN WITNESS WHEREOF, the undersigned General Partnerskipped and souled this Cerbificate on the day and year first written.

QUALITIS SOLUTIONS USA LLLP

SAPA EDITION

By: UNG FINA PROCESS

General Partners

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent for QUALITIS SCLUTIONS USA LLLP and to accept service of process at the place designated in the foregoing document, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATE: August 2. 2012

ANCTE TIME PROCTOR

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