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FLORIDA/FOREIGN LP/LLLP  
SW MEDICAL VILLAGE, LLLP

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EXAMINER

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**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SW MEDICAL VILLAGE, LLLP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. **Name of the Partnership.** The name of the Partnership shall be SW MEDICAL VILLAGE, LLLP.

2. **Address of Designated Office.** The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at 5550 W. Executive Drive, Suite 550, Tampa, Florida 33609.

3. **Agent for Service of Process.** The name of the Partnership's agent for service of process is F & L Corp. The street address of the registered agent of the Partnership is One Independent Drive, Suite 1300, Jacksonville, Florida 32202, and

4. **Name and Address of the General Partner.** The name and address of the General Partner of the Partnership are as follows:

Name #999000053657

Harrod Development, Inc.

Address

5550 W. Executive Drive, Suite 550  
Tampa, Florida 33609

5. **Mailing Address for the Partnership.** The mailing address for the Partnership shall be 5550 W. Executive Drive, Suite 550, Tampa, Florida 33609.

6. **Term.** The term for which the Partnership is to exist shall be in accordance with the Limited Liability Limited Partnership Agreement for the Partnership.

7. **Limited Liability Limited Partnership.** The Partnership elects to be a limited liability limited partnership.

DATED this 20<sup>th</sup> day of August, 2012.

HARROD DEVELOPMENT, INC.

By: 

Chadwick Harrod, President

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**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F & L CORP

By: 

Albert P. Silva, Vice President

Dated: August 20, 2012

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