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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 09/17/13

REF. #: 8896431

CORP. NAME: HHD CREEKSIDE MEDICAL VILLAGE, LLLP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70007181 **FOR \$** 1008.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
HHD CREEKSIDE 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 **HHD Creekside 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 **Chadwick W. Harrod**. The street address of the registered agent of the Partnership is **5550 W. Executive Drive, Suite 550, Tampa, Florida 33609**.

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

Name

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 17th day of September, 2012.

HARROD DEVELOPMENT, INC.

By: _____

Chadwick W. Harrod, President

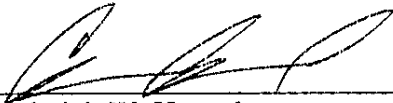
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ACCEPTANCE BY REGISTERED AGENT

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.


Chadwick W. Harrod

Dated: September 17, 2012

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