

Certificate of Limited Partnership

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FILED
February 24, 2014
Sec. Of State
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Name of Limited Partnership:

CKD GREVENGOOD FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

2338 IMMOKALEE ROAD
SUITE 113
NAPLES, FL. US 34110

Mailing Address of Limited Partnership:

2338 IMMOKALEE ROAD
SUITE 113
NAPLES, FL. US 34110

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

CHRIS GREVENGOOD MD
1890 SW HEALTH PARKWAY
SUITE 203
NAPLES, FL. 34109

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

Registered Agent Signature: CHRIS GREVENGOOD

The name and address of all general partners are:

Title: G
CHRIS GREVENGOOD MD
2338 IMMOKALEE ROAD STE 113
NAPLES, FL. 34110 US

Signed this Twenty Fourth day of February, 2014

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: CHRIS GREVENGOOD

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.