Certificate of Limited Partnership

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FILED
May 12, 2014
Sec. Of State
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Name of Limited Partnership:

GULANI FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

9969 WATERMARK LANE W.
JACKSONVILLE, FL. US 32256

Mailing Address of Limited Partnership:

9969 WATERMARK LANE W.
JACKSONVILLE, FL. US 32256

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

ARUN GULANI
9969 WATERMARK LANE W.
JACKSONVILLE, FL. 32256

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

Registered Agent Signature: ARUN GULANI

The name and address of all general partners are:

Title: G
ARUN GULANI M.D.
9969 WATERMARK LANE W.
JACKSONVILLE, FL. 32256 FL

Title: G
SUPARNA GULANI
9969 WATERMARK LANE W.
JACKSONVILLE, FL. 32256 US

Signed this Twelfth day of May, 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: ARUN GULANI, M.D.

General Partner Signature: SUPARNA GULANI

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.