

Certificate of Limited Partnership

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FILED
October 21, 2014
Sec. Of State
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Name of Limited Partnership:

CAMBRIDGE HEALTHCARE SOLUTIONS LP

Street Address of Limited Partnership:

C/O CAMBRIDGE 555 WINDERLEY PLACE
SUITE 329
MAITLAND, FL. 32751

Mailing Address of Limited Partnership:

4501 GULF SHORE BLVD N PH 1503
NAPLES, FL. 34103

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

ANDREW J CZEKAJ
4501 GULF SHORE BLVD N PH 1503
NAPLES, FL. 34103

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

Registered Agent Signature: ANDREW J. CZEKAJ

The name and address of all general partners are:

Title: G
CHS GP INC.
4501 GULF SHORE BLVD N PH 1503
NAPLES, FL. 34103

The effective date for this Limited Partnership shall be:

10/21/2014

Signed this Twenty First day of October, 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: ANDREW J. CZEKAJ

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.