

Certificate of Limited Partnership

A15000000410
FILED
June 24, 2015
Sec. Of State
gharvey

Name of Limited Partnership:

DELIVERANCE OF HEALING HANDS LLLP

Street Address of Limited Partnership:

10 NW 42 ND STREET
OCALA, FL. US 34475

Mailing Address of Limited Partnership:

10 NW 42 ND STREET
OCALA, FL. US 34475

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

ODONALD B CLARK
10 NW 42 ND STREET
OCALA, FL. 34475

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

Registered Agent Signature: ODONALD CLARK

The name and address of all general partners are:

Title: G
ODONALD B CLARK
10 NW 42 ND STREET
OCALA, FL. 34475 US

Title: G
AYANA F CLARK
10 NW 42ND STREET
OCALA, FL. 34475 US

The effective date for this Limited Partnership shall be:

06/24/2015

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty Fourth day of June, 2015

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: ODONALD CLARK

General Partner Signature: AYANA CLARK

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.