

Certificate of Limited Partnership

A1500000643
FILED
October 07, 2015
Sec. Of State
jshivers

Name of Limited Partnership:
SR HEALTHCARE GROUP LP

Street Address of Limited Partnership:
5020 SW 22TH
HOLLYWOOD, FL. US 33023

Mailing Address of Limited Partnership:
5020 SW 22TH
HOLLYWOOD, FL. US 33023

The name and Florida street address of the registered agent is:
SANTIAGO RIVERA
5020 SW 22TH
HOLLYWOOD, FL. 33023

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

Registered Agent Signature: SANTIAGO RIVERA

The name and address of all general partners are:

Title: G
SANTIAGO RIVERA
5020 SW 22TH
HOLLYWOOD, FL. 33023 US

Signed this Seventh day of October, 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: SANTIAGO RIVERA

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.