

Certificate of Limited Partnership

A1600000238
FILED
May 13, 2016
Sec. Of State
ncausseaux

Name of Limited Partnership:

SOUTH FLORIDA ACADEMY OF HEALTHCARE LLLP

Street Address of Limited Partnership:

1700 N DIXIE HWY
SUITE 150
BOCA RATON, FL. 33432

Mailing Address of Limited Partnership:

1700 N DIXIE HWY
SUITE 150
BOCA RATON, FL. 33432

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

MARTHA T COSTON
1700 N DIXIE HWY
SUITE 150
BOCA RATON, FL. 33432

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

Registered Agent Signature: MARTHA T COSTON

The name and address of all general partners are:

Title: G
IVIS J MUNIZ
1700 N DIXIE HWY SUITE 150
BOCA RATON, FL. 33432

The effective date for this Limited Partnership shall be:

08/01/2016

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Thirteenth day of May, 2016

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: IVIS J MUNIZ

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.