

# Certificate of Limited Partnership

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FILED  
July 07, 2016  
Sec. Of State  
ncausseauX

Name of Limited Partnership:

LIF DENTAL ORLANDO LLLP

Street Address of Limited Partnership:

5892 RED BUG LAKE RD  
WINTER SPRINGS, FL. US 32708

Mailing Address of Limited Partnership:

2837 SABER DR  
CLEARWATER, . US 33759

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

JOHN LANGLEY  
2837 SABER DR  
CLEARWATER, FL. 33759

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

Registered Agent Signature: JOHN LANGLEY

The name and address of all general partners are:

Title: G  
VICTOR CRUZ DR  
1190 E WASHINGTON ST UNIT 208  
TAMPA, FL. 33602 US

Title: G  
JAMES MAGEE III  
5941 COQUYT DRIVE  
MOUNT DORA, FL. 32757 US

The effective date for this Limited Partnership shall be:

07/07/2016

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Seventh day of July, 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: VICTOR CRUZ

General Partner Signature: JAMES MAGEE, III

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.