

Certificate of Limited Partnership

A16000000714
FILED
December 15, 2016
Sec. Of State
ncausseaux

Name of Limited Partnership:

REVEST MASTER 2 LIMITED PARTNERSHIP

Street Address of Limited Partnership:

638 EAST ATLANTIC AVENUE
DELRAY BEACH, FL. 33483

Mailing Address of Limited Partnership:

638 EAST ATLANTIC AVENUE
DELRAY BEACH, FL. 33483

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

REVEST GP INC.
638 EAST ATLANTIC AVENUE
DELRAY BEACH, FL. 33483

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

Registered Agent Signature: HOWARD STEINBERG

The name and address of all general partners are:

Title: G
REVEST GP INC.
638 EAST ATLANTIC AVENUE
DELRAY BEACH, FL. 33483

The effective date for this Limited Partnership shall be:

12/15/2016

Signed this Fifteenth day of December, 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: HOWARD STEINBERG

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.