

Certificate of Limited Partnership

A17000000030
FILED
January 24, 2017
Sec. Of State
ncausseaux

Name of Limited Partnership:
MEDCYL SERVICES, LTD

Street Address of Limited Partnership:
4236 N ORANGE BLOSSOM TRAIL
ORLANDO, FL. US 32804

Mailing Address of Limited Partnership:
4236 N ORANGE BLOSSOM TRAIL
ORLANDO, FL. US 32804

The name and Florida street address of the registered agent is:
ROBERT M CARTER
735 MCINTYRE AVE
WINTER PARK, FL. 32789

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

Registered Agent Signature: ROBERT M CARTER

The name and address of all general partners are:

Title: G
ROBERT M CARTER
735 MCINTYRE AVE
WINTER PARK, FL. 32789 US

The effective date for this Limited Partnership shall be:
01/24/2017

Signed this Twenty Fourth day of January, 2017

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: ROBERT M CARTER

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.