

Certificate of Limited Partnership

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FILED
February 07, 2017
Sec. Of State
ncausseauX

Name of Limited Partnership:

ST. CLOUD HEALTH CARE, LTD.

Street Address of Limited Partnership:

17401 SOUTHEAST COUNTY ROAD, HIGHWAY 475
SUMMERFIELD, FL. 34491

Mailing Address of Limited Partnership:

17401 SOUTHEAST COUNTY ROAD, HIGHWAY 475
SUMMERFIELD, FL. 34491

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

AM&E SERVICES LLC
605 E. ROBINSON STREET
SUITE 730
ORLANDO, FL. 32801

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

Registered Agent Signature: LEHN E. ABRAMS

The name and address of all general partners are:

Title: G
COMMERCE FINANCE CORPORATION
605 E. ROBINSON STREET, SUITE 730
ORLANDO, FL. 32801

Signed this Seventh day of February, 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: LEHN E. ABRAMS

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.