

# Certificate of Limited Partnership

A17000000158  
FILED  
April 04, 2017  
Sec. Of State  
ncausseauX

Name of Limited Partnership:

BROADCREST INSURANCE HOLDINGS, LP

Street Address of Limited Partnership:

4767 NEW BROAD STREET  
ORLANDO, FL. 32814

Mailing Address of Limited Partnership:

4767 NEW BROAD STREET  
ORLANDO, FL. 32814

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

BIH, LLC  
4767 NEW BROAD STREET  
ORLANDO, FL. 32814

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

Registered Agent Signature: JOHN O. BURDEN, AS MANAGER

The name and address of all general partners are:

Title: G  
BIH, LLC  
4767 BROAD STREET  
ORLANDO, FL. 32814

The effective date for this Limited Partnership shall be:

04/04/2017

Signed this Fourth day of April, 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: JOHN O. BURDEN, AS MANAGER

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.