

Certificate of Limited Partnership

A18000000033
FILED
January 22, 2018
Sec. Of State
ncausseaux

Name of Limited Partnership:

PREMIUM HEALTHCARE HOLDINGS, LLLP

Street Address of Limited Partnership:

999 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL. 33134

Mailing Address of Limited Partnership:

999 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL. 33134

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

AXIAL MANAGEMENT SERVICES, LLC
999 PONCE DE LEON BLVD.
SUITE 650
CORAL GABLES, FL. 33134

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

Registered Agent Signature: HIRAM OCARIZ

The name and address of all general partners are:

Title: G
PREMIUM HEALTHCARE MANAGEMENT, LLC
999 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL. 33134

Title: G
BEATRIZ RIELO
999 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL. 33134

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty Second day of January, 2018

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: BEATRIZ RIELO

General Partner Signature: BEATRIZ RIELO

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.