

# Certificate of Limited Partnership

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FILED  
July 09, 2019  
Sec. Of State  
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Name of Limited Partnership:

SELECT WELLNESS LIMITED, L.P.

Street Address of Limited Partnership:

5516 FRONTIER DRIVE  
ZEPHYRHILLS, FL. US 33540

Mailing Address of Limited Partnership:

5516 FRONTIER DRIVE  
ZEPHYRHILLS, FL. US 33540

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

ABRAHAM H KHAN  
591 APPALOOSA RD  
TARPON SPRINGS, FL. 34688

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

Registered Agent Signature: ABRAHAM KHAN

The name and address of all general partners are:

Title: G  
MJ V MOMOT-PRICE  
5516 FRONTIER DRIVE  
ZEPHYRHILLS, FL. 33540 US

Title: G  
ABRAHAM H KHAN  
591 APPALOOSA RD  
TARPON SPRINGS, FL. 34688 US

The effective date for this Limited Partnership shall be:

07/09/2019

Signed this Ninth day of July, 2019

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: M.J. MOMOT-PRICE

General Partner Signature: ABRAHAM KHAN

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.