

Certificate of Limited Partnership

A20000000457
FILED
October 19, 2020
Sec. Of State
msolomon

Name of Limited Partnership:

IMAGINATION PEDIATRICS THERAPY CENTER L.L.L.P.

Street Address of Limited Partnership:

8896 SW 129 TER
MIAMI, FL. US 33176

Mailing Address of Limited Partnership:

5330 SW 154 CT
MIAMI, FL. US 33185

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

SCE FINANCIAL, LLC
5330 SW 154 CT
MIAMI, FL. 33185

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

Registered Agent Signature: NATALIE ENCALADA

The name and address of all general partners are:

Title: G
LAURA S CHACON
5330 SW 154 CT
MIAMI, FL. 33185 US

Title: G
DELKIS RODRIGUEZ
16540 SW 102 CT
MIAMI, FL. 33157 US

Title: G
HANOI RODRIGUEZ BLANCO
10816 SW 243 ST
HOMESTEAD, FL. 33032 US

Title: G
HANOI RODRIGUEZ LOPEZ
16540 SW 102 ST
MIAMI, FL. 33157 US

A20000000457
FILED
October 19, 2020
Sec. Of State
msolomon

The effective date for this Limited Partnership shall be:

10/22/2020

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Nineteenth day of October, 2020

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: LAURA CHACON

General Partner Signature: DELKIS RODRIGUEZ

General Partner Signature: HANOI RODRIGUEZ BLANCO

General Partner Signature: HANOI RODRIGUEZ LOPEZ

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.