Certificate of Limited Partnership

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FILED
February 09, 2021
Sec. Of State
msolomon

Name of Limited Partnership:

WHOLECARE MEDICAL STAFFING SOLUTIONS LLLP

Street Address of Limited Partnership:

205 BELLA VERANO WAY
DAVENPORT, FL. US 33897

Mailing Address of Limited Partnership:

205 BELLA VERANO WAY
DAVENPORT, FL. US 33897

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

TRIFFINA A BROWN
205 BELLA VERANO WAY
DAVENPORT, FL. 33897

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

Registered Agent Signature: TRIFFINA BROWN

The name and address of all general partners are:

Title: G
TRIFFINA BROWN
205 BELLA VERANO WAY
DAVENPORT, FL. 33897

Title: G
KAREN MILLWOOD VOCHE'
205 BELLA VERANO WAY
DAVENPORT, FL. 33897

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Ninth day of February, 2021

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: TRIFFINA BROWN

General Partner Signature: KAREN MILLWOOD VOCHE'

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.