

Certificate of Limited Partnership

A21000000094
FILED
March 04, 2021
Sec. Of State
msolomon

Name of Limited Partnership:

CLARITY THERAPY LLLP

Street Address of Limited Partnership:

101 MARKETSIDE AVENUE
404-294
PONTE VEDRA, FL. . 32081

Mailing Address of Limited Partnership:

101 MARKETSIDE AVENUE
404-294
PONTE VEDRA, FL. . 32081

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

ELIZABETH A MOSCARILLO
61 S ROSCOE BLVD
PONTE VEDRA BEACH, FL. 32082

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

Registered Agent Signature: ELIZABETH A. MOSCARILLO

The name and address of all general partners are:

Title: G
ALLISON L BORHANI
101 MARKETSIDE AVENUE, SUITE 404-294
PONTE VEDRA, FL. 32081

Title: G
ELIZABETH A MOSCARILLO
61 S ROSCOE BLVD
PONTE VEDRA BEACH, FL. 32082

The effective date for this Limited Partnership shall be:

03/04/2021

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Fourth day of March, 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: ALLISON L. BORHANI

General Partner Signature: ELIZABETH A. MOSCARILLO

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.