

Certificate of Limited Partnership

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FILED
March 03, 2021
Sec. Of State
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Name of Limited Partnership:

TOTAL LIFE HEALTH CENTER LLLP

Street Address of Limited Partnership:

1500 LAKELAND HILLS BLVD
SUITE 4
LAKELAND, FL. 33805

Mailing Address of Limited Partnership:

1500 LAKELAND HILLS BLVD
SUITE 4
LAKELAND, FL. 33805

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

DARLING ST JEAN
1500 LAKELAND HILLS BLVD
SUITE 4
LAKELAND, FL. 33805

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

Registered Agent Signature: DARLING ST JEAN

The name and address of all general partners are:

Title: G
BYRON DEAN DO
1500 LAKELAND HILLS BLVD SUITE 4
LAKELAND, FL. 33805

Title: G
DARLING ST JEAN
1500 LAKELAND HILLS BLVD SUITE 4
LAKELAND, FL. 33805

The effective date for this Limited Partnership shall be:

03/03/2021

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Third 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: BYRON DEAN, DO

General Partner Signature: DARLING ST JEAN

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.