

# Certificate of Limited Partnership

A22000000284  
FILED  
May 09, 2022  
Sec. Of State  
msolomon

Name of Limited Partnership:

DAVID AND TINA MASON MEDICAL, LP

Street Address of Limited Partnership:

4710 N. HABANA AVE.  
UNIT 403  
TAMPA, FL. 33614

Mailing Address of Limited Partnership:

4710 N. HABANA AVE.  
UNIT 403  
TAMPA, FL. 33614

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

SIVYER BARLOW WATSON & HAUGHEY, PA  
401 E. JACKSON ST.  
SUITE 2225  
TAMPA, FL. FL

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

Registered Agent Signature: NEAL SIVYER

The name and address of all general partners are:

Title: G  
DAVID MASON  
4710 N. HABANA AVE., UNIT 403  
TAMPA, FL. 33614

The effective date for this Limited Partnership shall be:

05/09/2022

Signed this Ninth day of May, 2022

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: DAVID MASON

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.