## **Certificate of Limited Partnership**

A22000000297 FILED May 17, 2022 Sec. Of State msolomon

Name of Limited Partnership:
THE SANDY DENTAL HYGIENIST, LP

Street Address of Limited Partnership:

1065 SW 8TH ST #1070 MIAMI, FL. US 33130

Mailing Address of Limited Partnership:

1065 SW 8TH ST #1070 MIAMI, FL. US 33130

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

SANDY TURNER 930 CENTRAL AVE APT 629 PALM BAY, FL. 33705

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

Registered Agent Signature: SANDY TURNER

The name and address of all general partners are:

Title: G SANDY TURNER 930 CENTRAL AVE, UNIT 629 SAINT PETERSBURG, FL. 33705 US

Title: G EDWARD TURNER 930 CENTRAL AVE, UNIT 629 SAINT PETERSBURG, FL. 33705 US

The effective date for this Limited Partnership shall be:

06/01/2022

Signed this Seventeenth 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: SANDY TURNER General Partner Signature: EDWARD TURNER

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.