

Certificate of Limited Partnership

A23000000534
FILED
October 12, 2023
Sec. Of State
msolomon

Name of Limited Partnership:

C3 SURGICAL SOLUTIONS, LLLP

Street Address of Limited Partnership:

2389 E VENICE AVE
#505
VENICE, FL. 34292

Mailing Address of Limited Partnership:

2389 E VENICE AVE
SUITE 505
VENICE, FL. 34292

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

CARLO PONTI
351 TOSCAVILLA BLVD
NOKOMIS, FL. 34275

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

Registered Agent Signature: CARLO PONTI

The name and address of all general partners are:

Title: G
CARLO PONTI
351 TOSCAVILLA BLVD
NOKOMIS, FL. 34275 US

Title: G
ZACHARY L CALDWELL
13229 STEINHATCHEE LOOP
VENICE, FL. 34293 US

Title: G
CORRIE T MASSEY
602 FALLS OF VENICE CIRCLE
VENICE, FL. 34292 US

The effective date for this Limited Partnership shall be:

10/13/2023

This Limited Partnership is a Limited Liability Limited Partnership.

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Signed this Twelfth day of October, 2023

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: CARLO PONTI

General Partner Signature: ZACHARY L CALDWELL

General Partner Signature: CORRIE T MASSEY

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.