

**ROSS MILLER Secretary of State** 204 North Carson Street, Suite 4 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov

**Certificate of** Limited Partnership (PURSUANT TO NRS CHAPTER 87A)

USE BLACK INK ONLY - DO	NOT HIGHLIGHT	ABO	VE SPACE IS FOR	R OFFICE USE ONL
1. Name of Limited Partnership: (see instructions)				
2. Street and			Nevada	
Mailing Address	Street Address (required)	City	IVOVAGA	Zip Code
of Designated	(requires)			p
Office:	Mailing Address (very income	C:t.		7:n Carla
0. Danistana I	Mailing Address (required)	City	State	Zip Code
3. Registered	Commercial Registered Agent:			
Agent for Service of Process: (check	Name			
only one box)	Noncommercial Registered Agent  OR  Office or Position with Entity			
omy one worky	(name and address below) (name and address below)			
	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity			
			Nevada	
	Street Address	City		Zip Code
			Nevada	
	Mailing Address (if different from street address)	City	INEVaua	Zip Code
			or state a dissa	•
<b>4. Dissolution Date:</b> (optional)	A Limited Partnership governed by NRS Chapter 87A may have perpetual existence or state a dissolution date.			
(optional)	The date of dissolution of this entity, if any, is: (mm/dd/yyyy)			
5. Name, Street	1)			
Address, Mailing	, <u>, , , , , , , , , , , , , , , , , , </u>			
Address and	Name of General Partner	General Partner Signature		
Signature of Each				
General Partner:	Street Address (required)	City	State	Zip Code
(add additional page if more than 2)				
more than 2)	Mailing Address (required)	City	State	Zip Code
	2)	X		
	Name of General Partner	General Partner Signature		
	Street Address (required)	City	State	Zip Code
	Mailing Address (required)	City	State	Zip Code
0. Other Metters		•		•
<b>6. Other Matters:</b> (see instructions)	Mark box to indicate additional matters have been	added to the Certificate of Limi	ted Partnership a	and attach pages.
7. Formation Date: (optional)	The formation date of this entity will be the <i>later</i> of the filir	ng date of this certificate or:		(mm/dd/yyyy
8. Certificate of	I hereby accept appointment as Registered A	gent for the above name	 d Entity	
Acceptance of		gone for the above name	a mining.	
Appointment of	<b>X</b>			
Registered Agent:	Authorized Signature of Registered Agent or On Beh	alf of Registered Agent Entity	Date	
_	, and angious a conjugation of the boll	g	Date	