STATE OF SOUTH CAROLINA SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

TYPE OR PRINT CLEARLY IN BLACK INK

1.

Pursuant to Section 33-42-210 of the 1976 South Carolina code, as amended, the undersigned limited partnership submits the following:

The name of the proposed limited partnership is:

	Sti	reet Address			
City	County		State	Zip Code	
The name of	the registered agent a	at the above addr	ess:		
	I hereby consent t	to the appointmer	nt as registered age	nt	
		Agent's Signature			
		- igam c oignaian			
The address	of the principal office	is:			
		Street Address			
City	County		State	Zip Code	
-	-				
The name an	County d mailing address of e				
-	d mailing address of e				
The name and	-				
The name and	d mailing address of e				
The name and	d mailing address of e	each general part			
The name and	d mailing address of e	each general part		artnership:	
The name and	d mailing address of o	each general part Mailing Address	ner of the limited pa	artnership:	
The name and	d mailing address of o	each general part Mailing Address	ner of the limited pa	artnership:	
The name and	d mailing address of o	each general part Mailing Address	ner of the limited pa	artnership:	
The name and	d mailing address of o	each general part Mailing Address	ner of the limited pa	artnership:	
The name and	d mailing address of o	each general part Mailing Address State	ner of the limited pa	de	

7.	The optional provisions which the limited partnership wishes to include are as follows:				
8.		(See 33	pegin as of the filing date with the Secretary of 3-1-230(b) of the 1976 South Carolina Code of		
Date_		1.	Signature of General Partner		
		2.	Type or Print Name Signature of General Partner		
			Type or Print Name		

Name of Limited Partnership

FILING INSTRUCTIONS

- 1. Two copies of this application, the original and either a duplicate original or a conformed copy, must be filed.
- 2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this form by computer disk which will allow additional space to be included on the form.
- 3. This application must be signed by all general partners and accompanied by the filing fee of \$10.00 payable to the "SECRETARY OF STATE."

Return to: Secretary of State 1205 Pendleton Street Suite 525 Columbia, SC 29201

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE.