The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

Limited Partnership Certificate

(General Laws Chapter 109, Section 8)

(1)	The exact name of the limited partnership:
(2)	The general character of the business of the limited partnership:
(3)	The street address of the limited partnership in the commonwealth at which it's records will be maintained:
(4)	The name and street address of the resident agent:
(5)	The name and business address of each general partner:
(6)	The latest date on which the limited partnership is to dissolve:
(7)	Additional matters:
Sign	ned (by all general partners):
Co	nsent of resident agent:
I	
resi (3)	dent agent of the above limited partnership, consent to my appointment as resident agent pursuant to G.L. c109 Section 8 (a)

*or attach registered agents consent hereto.

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

Limited Partnership Certificate (General Laws Chapter 109, Section 8)

I hereby certify that submitted to me, it complied with, and amount of \$	appears that the I hereby approv	e provisions o ve said applic	of the Gen ation; and	eral Law l the filir	vs have ng fee i	been n the	
	_ day of		_, 20	, at _	time	_a.m./p.m.	
Effective date:							
WILLIAM FRANCIS GALVIN Secretary of the Commonwealth							
	F	Filing fee: \$20	00				
TO BE FILLED IN BY LIMITED PARTNERSHIP Contact Information:							
Telephone:							
Email:							
Upon filing, a copy If the document is r							

be available in the rejected queue.