STATE OF SOUTH CAROLINA
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 33-42-210 of the 1976 S.C. Code of Laws, as amended, the undersigned limited partnership submits the following:

1. The name of the proposed limited partnership is:

2. The address of the office of the registered agent of the limited partnership is:

   (Street Address)

   (City, State, Zip Code)

3. The name of the registered agent at the above address:

   (Name)

   I hereby consent to the appointment as registered agent

   (Agent’s Signature)

4. The address of the principal office is:

   (Street Address)

   (City, State, Zip Code)

5. The name and mailing address of each general partner of the limited partnership:

   a. (Name)

      (Street Address)

      (City, State, Zip Code)
Name of Limited Partnership

b. __________________________________________________________________________________________
   (Name)

   __________________________________________________________________________________________
   (Street Address)

   __________________________________________________________________________________________
   (City, State, Zip Code)

6. The latest date upon which the limited partnership is to dissolve: __________

7. The optional provisions which the limited partnership wishes to include are as follows:

   _____________________________________________________________________________________________
   (Signature of General Partner)

   _____________________________________________________________________________________________
   (Signature of General Partner)

8. The existence of the limited partnership shall begin as of the filing date with the Secretary of State unless a delayed
date is indicated [See 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended]: __________

   _____________________________________________________________________________________________
   (Date)

   _____________________________________________________________________________________________
   (Signature of General Partner)

   _____________________________________________________________________________________________
   (Signature of General Partner)

   _____________________________________________________________________________________________
   (Signature of General Partner)
FILING INSTRUCTIONS

1. Include a self-addressed stamped envelope to have a filed copy returned to you by mail.

2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this 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
Attn: Corporate Filings
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.