

STATE OF DELAWARE

CERTIFICATE OF LIMITED PARTNERSHIP

- **The Undersigned**, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

- **First:** The name of the limited partnership is

.

- **Second:** The address of its registered office in the State of Delaware is

Corporation Trust Center, 1209 Orange Street in the city of Wilmington

.

Zip code 19801

. The name of the Registered Agent at such address is

The Corporation Trust Company

.

- **Third:** The name and mailing address of each general partner is as follows:

- **In Witness Whereof**, the undersigned has executed this Certificate of Limited Partnership as of _____ day of _____, A.D. _____.

By: _____
General Partner

Name: _____
(type or print name)