Filing Fee: $100.00 **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2014 MAY 19 AM 9:13
SECRETARY OF STATE
CORPORATIONS DIV

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

   Hi-Tech Computer Repair, L.P.

   (The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

   109 Chandler Avenue

3. The name and address of the specified agent for service of process is **Michael Lynch**

   109 Chandler Avenue (Street Address, not P.O. Box) **Cranston** (City/Town), RI **02910** (Zip Code)

4. The name and business address of each general partner is:

General Partner	Business Address
Michael Lynch	**109 Chandler Avenue Cranston RI 02910**
Momodou Jagne	**48 Comstock Street Pawtucket RI 02860**

5. The mailing address for the limited partnership is **109 Chandler Avenue** (Street Address)

   Cranston (City/Town) **RI** (State) **02910** (Zip Code)

FILED

MAY 19 2014

By 224393

A.A. 9:13 A.M.

Form No. 300
Revised: 12/05

6. Any other matters the partners determine to include herein:

(If additional space is required, please list on separate attachment.)

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: **5/18/2014**

By _____

By _____

By _____

By _____

By _____

Signature(s) of all general partners named herein