



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Partnership
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited partnership shall be: Mike Furia Dental L.P.

ARTICLE II

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

No. and Street: 400 RESERVOIR AVE
STE 3D

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

ARTICLE III

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 400 RESERVOIR AVE
STE 3D

City or Town: PROVIDENCE State: RI Zip: 02907

The name of its initial registered agent at such address is MICHAEL FURIA

ARTICLE IV

The name and business address of each general partner is:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	MICHAEL FURIA	400 RESERVOIR AVE 3D PROVIDENCE, RI 02907 USA

ARTICLE V

The mailing address for the limited partnership is:

No. and Street: 400 RESERVOIR AVE
STE 3D

City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

ARTICLE VI

Any other matters the partners determine to include herein:

Signed this 26 Day of June, 2013 at 12:36:29 PM by the general partner(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

MICHAEL FURIA

Signature(s) of all general partners named herein

Form No. 300
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

