State of North Carolina
Department of the Secretary of State

CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

Pursuant to §59-201 of the General Statutes of North Carolina, the undersigned hereby submits this Certificate of Domestic Limited Partnership.

1. The name of the limited partnership is: WXYZ Services, LP
(The name must contain the words "Limited Partnership," or the abbreviation "L.P." or "LP," or the combination "Ltd. Partnership".)

2. If formed prior to October 1, 1986, complete this section:

   County of Filing Mecklenburg County County File Number 1234567890

   Date of Filing 01/01/2011

3. Name of Registered Agent: John Doe

4. Address of Registered Office:

   Number and Street 1234 Main Street

   City, State, Zip Code Charlotte, NC 28201 County Mecklenburg

5. Address of office where records are kept, if not kept at registered office:

   Number and Street _____

   City, State, Zip Code _____ County _____

6. Latest date upon which the limited partnership is to dissolve. (If no date is specified, there shall be no limit on the limited partnership's duration.)_____

7. State the name, and address, including county and city or town, and street and number, if any, of each general partner. (Attach additional sheets if necessary.)

   John Doe, 1234 Charlotte, NC 28201

   Ann Doe, 1234 Charlotte, NC 28201

   Gail Doe, 1234 Charlotte, NC 28201

   Helen Doe, 1234 Charlotte, NC 28201

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8. This registration will be effective upon filing, unless a date and/or time is specified:_____

9. The following and attached signatures of EACH general partner constitute an affirmation under the penalty of perjury that the facts herein are true.

(a) If the general partner is an individual, complete this section:

Signature_____ Date_____
Typed or Printed Name John Doe

Signature_____ Date_____
Typed or Printed Name Ann Doe

Signature_____ Date_____
Typed or Printed Name Gail Doe

Signature_____ Date_____
Typed or Printed Name Helen Doe

(b) If the general partner is a corporation or other entity, complete this section.

Name of corporation or other entity_____
Signature of officer_____
Name and Title of officer_____
Date_____

Name of corporation or other entity_____
Signature of officer_____
Name and Title of officer_____
Date_____

Name of corporation or other entity_____
Signature of officer_____
Name and Title of officer_____
Date_____

Name of corporation or other entity_____
Signature of officer_____
Name and Title of officer_____
Date_____

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NOTES:
Filing fee is $50. This document must be filed with the Secretary of State.