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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

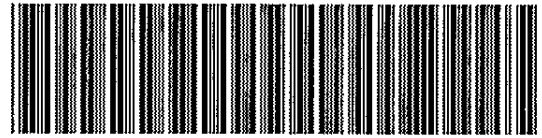
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**LAW OFFICES OF
KENNEDY & ASSOCIATES, P.L.**

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† Board Certified in Taxation

* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
To Matters of Federal Tax Law

** Also Admitted in Colorado and Montana

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July 25, 2006

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: JOMAR FAMILY INVESTMENTS, LTD.

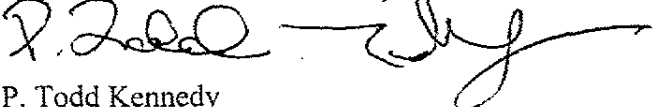
Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Certificate of Limited Partnership for the above-referenced limited partnership.

Also enclosed please find our client's check #1892 in the amount of \$1,000 submitted in connection with the limited partnership filing fees.

Please file the original and return a copy stamped with the date and time the document has been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested document.

Sincerely,
KENNEDY & ASSOCIATES, P.L.


P. Todd Kennedy

PTK/moh

Encls.

F:\Steinberg, Marvin\lrs\secretary of state- ltd- 7.25.06.wpd

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. JOMAR FAMILY INVESTMENTS, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.

2. 6373 N.W. 25th Way

(Street address of initial designated office)

Boca Raton, Florida 33496

3. MARVIN STEINBERG

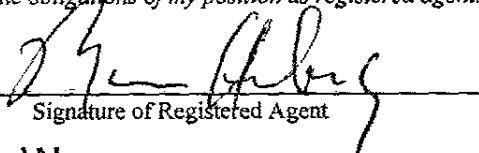
(Name of Registered Agent for Service of Process)

4. 6373 N.W. 25th Way

(Florida street address for Registered Agent)

Boca Raton, Florida 33496

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*


Signature of Registered Agent

6. 6373 N.W. 25th Way

(Mailing address of initial designated office)

Boca Raton, Florida 33496

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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ALACHUA COUNTY FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Marvin Steinberg

6373 N.W. 25th Way

Boca Raton, Florida 33496

Joan Steinberg

6373 N.W. 25th Way

Boca Raton, Florida 33496

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 25th day of July, 2006

Signature of each general partner:

Joan Steinberg

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75