

A15000000689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

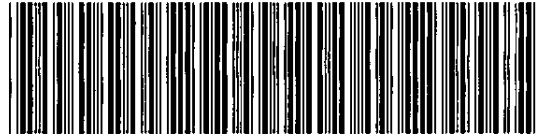
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/26/15--01005--003 **1061.25

RECEIVED
DEPARTMENT OF REVENUE
15 OCT 26 AM 11:22
FOR THE ASSESSOR
TO ACRHOW W/ FEE
SUFFICIENCY OF FILING

FILED
2015 OCT 26 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 27 2015
J. HARRIS

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

JWH Animation, L.L.L.P.

(** Please File 2nd after LLC****)**

Thank you!

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership Formation | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy New Formation | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

10/26/2015

ST

Order#:
9749243

Ref#: _____

Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JWH Animation, L.L.L.P.

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

David Neustein

Contact Person

JWH Animation, L.L.L.P.

Firm/Company

1067 Shotgun Road

Address

Sunrise, FL 33326

City, State and Zip Code

accounting@jazwares.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alissa Mann

Name of Contact Person

at (954) 862-7107

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status \$1,052.50 Filing Fees and Certified Copy \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

1. JWH Animation, L.L.L.P.

(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. 1067 Shotgun Road

(Street address of initial designated office)

Sunrise, FL 33326

3. David Neustein

(Name of Registered Agent for Service of Process)

4. 1067 Shotgun Road

(Florida street address for Registered Agent)

Sunrise, FL 33326

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. 1067 Shotgun Road

(Mailing address of initial designated office)

Sunrise, FL 33326

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

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ALLAHASSI FLORENZA

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8. Name and business address of each general partner:

Name:

Business Address:

JWH App, LLC

LI6000180724

1067 Shotgun Road

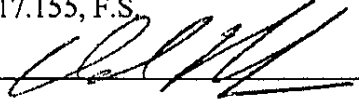
Sunrise, FL 33326

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 23rd day of October, 2015.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Filing Fees:
Certified Copy (optional):
Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
\$52.50
\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED