A2300000272

(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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CORPORATE ACCESS, _____

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INC.

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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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WALK IN				
	PICK	K UP: Cat 5/30	_	
XX	CERTIFIED COPY PHOTOCOPY			
XX	CUS FILING	T D		
1.	3JK ACQUISTIONS LP	MENT #)		
2.	(CORPORATE NAME AND DOCUM	MENT #)		
3.	(CORPORATE NAME AND DOCUM	MENT #)		
4.	(CORPORATE NAME AND DOCUM	MENT #)		
5.	(CORPORATE NAME AND DOCUM	MENT #)		
6.	(CORPORATE NAME AND DOCUM	MENT #)		
SPECIA INSTRU	AL JCTIONS:			

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which m. Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable suffixes: Limited Liability Limited Partnership, L.L.L.P, or LLLP,	ust include suffix) Acceptable Limited Limited Liability Limited Partnership
2. 6837 Chase Rd.	
(Street address of initial designated	office)
Dearborn, Michigan 48126	
3. Brent Green	
(Name of Registered Agent for Service of	of Process)
4, 23781 US Hwy. 27, Ste. 210	
(Florida street address for Registered	Agent)
Lake Wales, Florida 33589	
5. I hereby accept the appointment as registered agent and agree to act with the provisions of all statutes relative to the proper and complete pery with and accept the obligations of my position as registered agent.	
Signature of Registered Agent	
6. 6837 Chase Rd.	
(Mailing address of initial designated	office) ~

Page 1 of 2

Dearborn, Michigan 48126

MAY 30 PM 3: 43

8. Name and business address of Name:	each general partner: Business Address	<u>::</u>	
5555 US Corp	6837 Chase Rd.		
	Dearborn, Michigan 48126		
9. Effective date, if other than the	date of filing:		
(Effective date cannot be prior to nother Florida Department of State.) Note: If the date inserted in this bloom this date will not be listed as the do	ock does not meet the application	able statutory filing requirement	
Signed this 25th	day ofMay	, 2023	
Signature of each general partner: I nerein are true. I/We am/are aware Department of State constitutes a th 5555 US Corp	that any false information st	ibmitted in a document to the	
Jelond O			
lhon Blando, President			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee a \$52.50 \$8.75	nd \$35 Registered Agent Fee)	

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