

A23000000414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

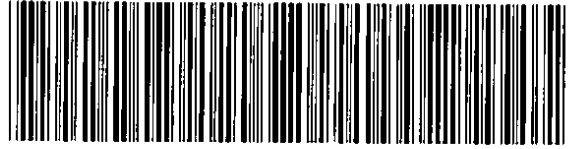
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

w23-104805

Office Use Only



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APPROVED  
AND  
FILED

2023 AUG - 1 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG - 1 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 04 2023

K. Brumby



RECEIVED

2023 AUG -3 PM 3:31

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 1, 2023

SUNSHINE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: JCB SERVICES LTD.  
Ref. Number: W23000104805

We have received your document for JCB SERVICES LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

The document number of the name conflict is P23000040026.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 423A00017325

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 08/01/2023

**\*\*WALK IN\*\***

ENTITY NAME JCB Services Ltd.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*  
*Certified Copy*  
*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$1000

ACCOUNT #: I20160000072

*S R JH*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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

1. JCB Services I 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.P., or LLLP.

2. 15811 Collins Avenue, Unit 2803, Sunny Isles Beach, Florida 33160

(Street address of initial designated office)

3. NRAI Services, Inc.

(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Broward County, Plantation, Florida 33324

(Florida street address for Registered Agent)

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.*

Patricia A Boverie

Signature of Registered Agent Patricia A. Boverie, Assistant Secretary

6. 15811 Collins Avenue, Unit 2803, Sunny Isles Beach, Florida 33160

(Mailing address of initial designated office)

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

RECORDS SECTION OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

8. Name and business address of each general partner:

Name:

Business Address:

Cristiano Beraldo

15811 Collins Avenue, Unit 2803

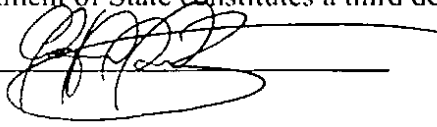
Sunny Isles Beach, Florida 33160

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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 25 day of July 2023

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:** \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75