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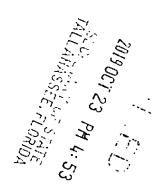
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DATE:

10/23/19

NAME: LAUREL OAKS LANDING, L.P.

TYPE OF FILING: CERTIFICATE OF LIMITED PARTNERSHIP

COST:

1.008.75 - CHECK IS ATTACHED

PLAIN COPY AND GOOD STANDING PLEASE RETURN:

(ACCOUNT: FCA000000015

AUTHORIZATION: ABBIEPAUL HODGE

File Second

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Laurel Oaks Landing,	L.P.
	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partne	rship and fees are submitted for filing.
Please return all correspondence concerning	-
Jill Lafferty	2019 OCT 23 PM 4: 53
Contact Person	72
JES Dev Co., Inc.	
Firm/Company	E. P
206 Peach Way	
Address	RICK C
Columbia, Missouri 65203	r
City, State and Zip Code	
jlafferty@jesholdings.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Sam Steelman	at (573)443-2021
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$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 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

CR2E030 (6/17)

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

2.206 Peach Way	7019 TAL	
(Street address of initial designated office)	LAT CI	
Columbia, Missouri 65203	23	
	EF. P	· , -
3. Northwest Registered Agent LLC	-0 -	7
(Name of Registered Agent for Service of Process)	25 55 25 55	•
₄ 7901 4th St N STE 300	Dr.	
(Florida street address for Registered Agent)		_
St. Petersburg FL 33702		
	ity. I further agree to ny duties, and I am fa	cor mil
St. Petersburg FL 33702 5. Thereby accept the appointment as registered agent and agree to act in this capac with the provisions of all statutes relative to the proper and complete performance of with and accept the obligations of my position as registered agent. Tor Glove Signature of Registered Agent	ity. I further agree to ny duties, and I am fa	cor mil
St. Petersburg FL 33702 5. I hereby accept the appointment as registered agent and agree to act in this capac with the provisions of all statutes relative to the proper and complete performance of with and accept the obligations of my position as registered agent. Touchouse Signature of Registered Agent	ity. I further agree to ny duties, and I am fa	cor mil

<u>Name:</u>		Business Address:			
ES Partnerships - Laurel Oaks Landing, L.L.C. 206 Peach Way					_
		Columbia, Mis	ssouri 65	203	
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				12 53 ORID	1
				2>	-
9. Effective date, if other than the of (Effective date cannot be prior to nother Florida Department of State.) Note: If the date inserted in this blooms date will not be listed as the do	<i>or more t</i> ock does r	han 90 days after the not meet the applicabl	e statutory fi	ling require	emen
Signed this 22nd	day of	October	,20)19	
Signature of each general partner: I nerein are true, I/We am/are aware Department of State constitutes a th	that any fi	alse information subn	nitted in a do	cument to t	led the
Win Hul					
Will Markel, Manager of JES Florida Par	— tnerships M	lember II, L.L.C., the AM	BR of the Gen	eral Partner	