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**THE KOHN PARTNERSHIP, L.P.**

Attorneys and Counselors at Law

7820 MARYLAND AVENUE  
SAINT LOUIS, MISSOURI 63105

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**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

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\*\*\*\*463.75 \*\*\*\*\*96.25

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**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 20, 2000

THE KOHN PARTNERSHIP  
7820 MARYLAND AVENUE  
SAINT LOUIS, MO 63105

SUBJECT: JAMIE & JESSICA INSURANCE LTD  
Ref. Number: W00000029774

We have received your document for JAMIE & JESSICA INSURANCE LTD and your check(s) totaling \$463.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6097.

Michael Mays  
Document Specialist

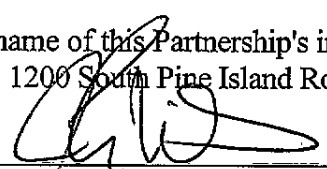
Letter Number: 700A00063877

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
JAMIE & JESSICA INSURANCE LIMITED PARTNERSHIP**

1. The name of this partnership shall be: **JAMIE & JESSICA INSURANCE LIMITED PARTNERSHIP.**

2. The name of this Partnership's initial registered agent in the State of Florida is: C.T. Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

  
\_\_\_\_\_  
C.T. Corporation System, Registered Agent  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

3. The name and mailing address of the general partner is: Robinsons of Statesville Limited Partnership, 164 Baymount Drive, Statesville, North Carolina 28625. B-39<sup>a</sup>

4. The business and mailing address of the limited partnership is: 164 Baymount Drive, Statesville, North Carolina 28625.

5. The latest date for Partnership dissolution is: December 31, 2099.

6. The effective date of this Certificate of Limited Partnership is the date it is filed with the Secretary of State of the State of Florida.

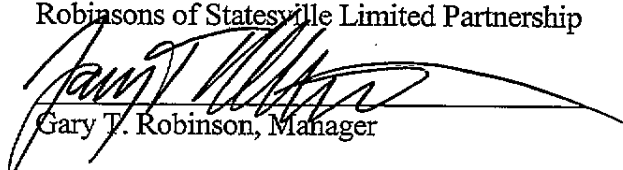
In affirmation thereof, the facts stated above are true.

This 14th day of December, 2000.

GENERAL PARTNER:

Robinsons of Statesville Limited Partnership

By:

  
Gary T. Robinson, Manager

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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Before me, the undersigned constituting all of the general partners of JAMIE & JESSICA INSURANCE LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$900.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$900.

This 14th day of December, 2000.

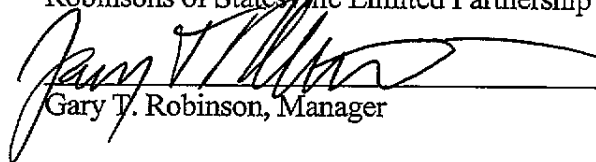
Further affiant sayeth not.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

Robinsons of Statesville Limited Partnership

By:

  
Gary T. Robinson, Manager

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TALLAHASSEE, FLORIDA