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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

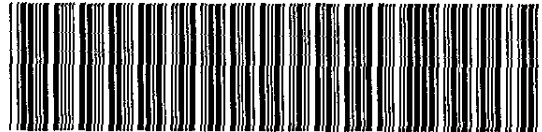
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03 FEB 25 PM 12:19
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03 FEB 25 PM 2:02
FEB 25 2003
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sam with T Limited

File 2/25

Signature _____

Requested by: SW 2/25

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☐ Art of Inc. File _____
- ☒ LTD Partnership File _____
- ☒ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

CERTIFICATE OF LIMITED PARTNERSHIP

OF

**JAM WITH T LIMITED,
a Florida Limited Partnership**

FILED
03 FEB 25 PM 2:02
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Part I, Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is JAM WITH T LIMITED (the "Partnership").
2. The address of the office of the Partnership is 550 SE 5th Avenue, #504, Boca Raton, Florida 33432.
3. The name and address of the agent for service of process on the Partnership are Melody Smith, 550 SE 5th Avenue, #504, Boca Raton, Florida 33432.
4. The name and business address of the sole General Partner are JMT Corporation of South Florida, 550 SE 5th Avenue, #504, Boca Raton, Florida 33432. *P03-22611*
5. The latest date upon which the Partnership shall dissolve is December 31, 2050.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of JAM with T Limited this 21st day of February, 2003.

GENERAL PARTNER:

JMT CORPORATION OF SOUTH FLORIDA

By: Josephine L. Smith
Josephine L. Smith, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 21st day of February, 2003, by Josephine L. Smith, as president of JMT Corporation of South Florida, the General Partner

of JAM with T Limited, and who is personally known to me or who produced the following as identification: _____



Shelly A. Wald
MY COMMISSION # DD129738 EXPIRES
June 22, 2006
BONDED THRU TROY FAIR INSURANCE, INC

Shelly A. Wald
Notary Public
My Commission Expires:
Print, type or stamp name of notary

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of JAM with T Limited as made in the foregoing Certificate of Limited Partnership.

Date: 2-21, 2003

By: [Signature]
Melody Smith,
Initial Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Josephine L. Smith, who is the president of JMT Corporation of South Florida, the sole General Partner of JAM with T Limited, a Florida Limited Partnership (the "Partnership") certifies that the total initial amount of capital contributions and anticipated capital contributions by the limited partners of the Partnership is \$6,200,000.00.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

JMT CORPORATION OF SOUTH FLORIDA

By: Josephine L. Smith
Josephine L. Smith, President

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 21st day of February, 2003, by Josephine L. Smith, as the president of JMT Corporation of South Florida, the sole General Partner, and who is personally known to me or who produced the following as identification:

Shelly A. Wald
Notary Public

My Commission Expires:

Print, type or stamp name of notary



Shelly A. Wald
MY COMMISSION # DD129738 EXPIRES
June 22, 2006
BONDED THRU TROY FAIR INSURANCE, INC.