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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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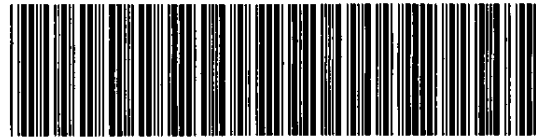
(Business Entity Name)

(Document Number)

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

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Office Use Only



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05/26/06--01012--018 \*\*1052.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 26 AM 11:40

J. BRYAN JUN - 2 2006

5/25/06

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZMH Investments, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Kristina Iwasz

(Contact Person)

Mitchell A. Sherman, P.A.

(Firm/Company)

7593 Baynton Bah Blvd. Ste. 210

(Address)

Baynton Bah FL 32437

(City, State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Kristina Iwasz

(Name of Contact Person)

at (561) 738-1202

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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 ☐ \$1,061.25 Filing Fees, Certified Copy, and 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 (01/06)

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

1. ZMH Investments, 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.L.P.  
or LLLP.*

2. 1166 W. Newport Center Drive, #114

(Street address of initial designated office)

Deerfield Beach, FL 33442

3. James L. Young

(Name of Registered Agent for Service of Process)

4. 1166 W. Newport Center Drive, #114

(Florida street address for Registered Agent)

Deerfield Beach, FL 33442

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.*



Signature of Registered Agent

6. 1166 W. Newport Center Drive, #114

(Mailing address of initial designated office)

Deerfield Beach, FL 33442

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

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8. Name and business address of each general partner:

Name:

Business Address:

James L. Young

1166 W. Newport Center Dr, #114

Deerfield Beach, FL 33442

Debra D. Young

1166 W. Newport Center Dr, #114

Deerfield Beach, FL 33442


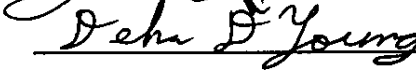
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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 24th day of May, 2006

Signature of each general partner:

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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