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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

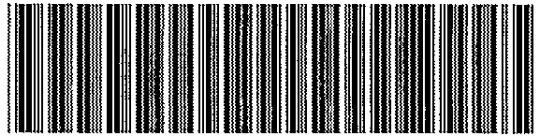
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ALLAHSSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 DEC 28 AM 11:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JB MacKinnon LP
(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:

W.W. DUNICH-KOEB
(Contact Person)

DUNICH-KOEB LLC
(Firm/Company)

45 West WILLOW ROAD
(Address)

SADDLE RIVER New Jersey 07458
(City, State and Zip Code)

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06 DEC 28 AM 11:58
SEC. OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Wayne Dunich-Koeb at (201) 785 1980
(Name of Contact Person) (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. JB MARKOWITZ LP

(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. 35 SPANISH RIVER DRIVE

(Street address of initial designated office)

OCEAN RIDGE, FL 33435

3. CHELY MARKOWITZ

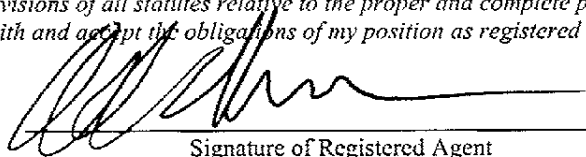
(Name of Registered Agent for Service of Process)

4. 35 SPANISH RIVER DRIVE

(Florida street address for Registered Agent)

OCEAN RIDGE, FL 33435

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. 35 SPANISH RIVER DRIVE

(Mailing address of initial designated office)

OCEAN RIDGE, FL 33435

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

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

ALAN ZVI MARKOWITZ

35 SPANISH RIVER DRIVE

OCEAN RIDGE, FL 33435

CHELY MARKOWITZ

35 SPANISH RIVER DRIVE

OCEAN RIDGE, FL 33435

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CLERK OF COURT
TALLAHASSEE, FLORIDA

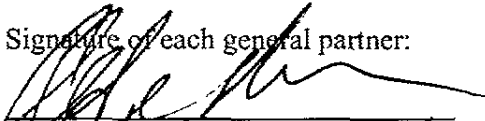
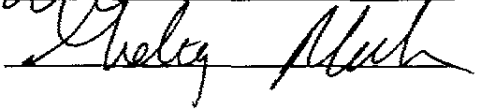
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9. Effective date, if other than the date of filing: 12/28/06

(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 27 day of DECEMBER, 2006

Signature of each general partner:

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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