## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (650)617-6383

From:

Account Name

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

## FLORIDA/FOREIGN LP/LLLP

JUSA Bay Pointe, Ltd.

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Electronic Filing Menu

Corporate Filing Menu

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AHASSEE, FLORIDA

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**EXAMINER** 

JUSA Bay Pointe, Ltd.

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

(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.	·
2,200 S. Orange Avenue, Suite 2025	
(Street address of initial designated office)	
Orlando, FL 32801	
<sub>3,</sub> Urban & Thier, P.A.	
(Name of Registered Agent for Service of Process)	
<sub>4</sub> 200 S. Orange Avenue, Suite 2025	
(Plorida street address for Registered Agent)	
Orlando, FL 32801	
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.	
Sec.	2
Signature of Registered Agent	뙲
6.200 S. Orange Avenue, Suite 2025 ₹	2000 HAR
(Mailing address of initial designated office)	
Orlando, FL 32801-5202	o ; ≥ [i]
7. If limited partnership elects to be a limited liability limited partnership, check box	W 5: 19

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meral partner: <u>Business Address:</u>	
200 S. Orange Ave., S	Suite 2025
Orlando, FL 32801	
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re than 90 days after the date the docu	ment is
arch, 2008	2008 SEC ALL,
`	2000 HAR -6 SECRETARY ALLAHASSO
Carl Christian Thier, Preside JUPITER USA, INC.	introfe o
	200 S. Orange Ave., S Orlando, FL 32801  re than 90 days after the date the documents in the date of t

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