

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JACK R. LOVING, P.A.

Account Number : 070324003656

: (954)764-1005

Fax Number

: (954)764-1499

FLORIDA/FOREIGN LP/LLLP

Johns Houston, Ltd.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

J. BRYAN

MAY - 6 2008

Electronic Filing Menu

Corporate Filing Menu

HEXAMINER

CR2E030 (01/06)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Johns Hous ton, C	fed . ited Liability Limited Partnership)	
The enclosed Certificate of Limited Partnership ar	nd fees are submitted for filing.	
Please return all correspondence concerning this n	natter to:	
Jack R. Loving (Contact Person) Jack R. Loving, P. A. (Finn/Company)		Cition of
1923 SE Third Ave. (Address)		
Foot Lauderdaie, Florio (City, State and Zip Code)	6 <u>0</u> 438366 5.	
For further information concerning this matter, ple	ase call:	
Jack R. Loving at ((Name of Contact Person)	954 764-1005 Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$1,000.00 Filing Fees \$\int \\$1,008.75 Filing	52.50 Filing Fees, rtified Copy 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	

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

Johns Houston Ltd.	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) coeptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. coeptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. LLLP.	•
132 Intercoastal Gircle	_02
(Street address of initial designated office)	7.5
Tequesta, Florida 33469	_ 1
Jank R. Loving	<i>-</i>
Jack R. Louing (Name of Registered Agent for Service of Process)	-=
	ထ္
1323 SE Third Ave.	– ည
(Florida street address for Registered Agent)	دن
FORT Louderdale Florida 33316	
I hereby accept the appointment as registered agent und agree to act in this capacity. I further agree to apply 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	o
132 Interconstal Circle	_
(Mailing address of initial designated office)	
Tequesta Fhorida 33469	

Page 1 of 2

08 HAY -5	SECRE LARY OF STATE DIVISION OF CORPORATIONS
至	
8: 43	STATE
	7.73

Name: #L0/000013389	Business Address:
Johns Family Holdings, L. L.C.	651 NW 45" Ave.
, ,	Coccurat Creek Florida 33066
- Andread with address of the contract of the	44444
9. Effective date, if other than the date of filing:_	
(Effective date cannot he prior to nor mor filed by the Florida Department of State.)	re than 90 days after the date the document is
Signed this day of	May 2008
Signature of each general partner:	
Earl 7 yohns	/
	00.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52. Certificate of Status (optional): \$8.7	

\$8.75 Page 2 of 2