

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jimenez Family Partnership, 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:

JOANN Gerkey
(Contact Person)
Boyette LAW OFFICES, P.A.
(Firm/Company)
1635 E Highway 50, Suite 300
(Address)
Clermont, FL 34711
(City, State and Zip Code)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN - 5 AM 8:50

For further information concerning this matter, please call:

JOANN Gerkey at (352) 394-2103
(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

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
JIMENEZ FAMILY PARTNERSHIP, LTD.**

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DIVISION OF CORPORATIONS
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The undersigned, constituting all of the general partners, hereby execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be JIMENEZ FAMILY PARTNERSHIP, LTD.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106, shall be located at 1601 Silhouette Drive, Clermont, Florida, 34711, and the name of the Partnership's agent for service of process is Carlos Jimenez, and the address of the registered agent is 1601 Silhouette Drive, Clermont, Florida, 34711.

3. **Name and Business Address of the General Partners.**
 - (a) The name and address of the General Partner is:


<u>Name</u>	<u>Address</u>
Carlos Jimenez	1601 Silhouette Drive Clermont, FL 34711

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be 1601 Silhouette Drive, Clermont, Florida, 34711.

5. **Term.** The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until the 31st day of December, 2058, unless sooner terminated in accordance with the Limited Partnership Agreement for Jimenez Family Partnership, Ltd.

DATED this 30 day of December, 2008.

Under the penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.



CARLOS JIMENEZ

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



CARLOS JIMENEZ