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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHAROGERONNE LIMITED PARTNERSHIP, 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:

LUCY LEWIS

(Contact Person)

(Firm/Company)

SHAROGERONNE LIMITED PARTNERSHIP, LP.

(Address)

7112 HIAWASSEE OVERLOOK DRIVE

(City, State and Zip Code)

For further information concerning this matter, please call:

LUCY LEWIS

(Name of Contact Person)

at ( 407 ) 290-8433

(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)

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**CERTIFICATE OF LIMITED  
SHAROGERONNE FAMILY LIMITED  
PARTNERSHIP, LP**

The undersigned, desiring to organize and establish a limited partnership company pursuant to the laws of the State of FLORIDA, does execute this Certificate of Limited Partnership this 29<sup>th</sup> day of DECEMBER, 2008.

**ARTICLE I  
NAME**

The name of the limited partnership is SHAROGERONNE FAMILY LIMITED PARTNERSHIP, LP.

**ARTICLE II  
DURATION**

The period of duration for this limited partnership is 25 years from the date of filing the Certificate of Limited Partnership with the appropriate state filing office, unless extended and/or sooner dissolved by the members or as provided by state law.

**ARTICLE III  
PURPOSE**

The purpose for which this limited partnership is organized is to ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH LIMITED PARTNERSHIP MAY BE ORGANIZED IN THE STATE OF FLORIDA and to otherwise perform any lawful purpose related thereto.

**ARTICLE IV  
GENERAL PARTNERS**

General Partners:

LUCY LEWIS.

**ARTICLE V  
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the limited partnership is  
7112 HIAWASSEE OVERLOOK DRIVE, ORLANDO, FLORIDA 32835-1700.

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## **ARTICLE VI REGISTERED AGENT & OFFICE**

The name of the limited partnership's registered agent, whose Acceptance of Appointment as Registered Agent is included with these Articles, is LUCY LEWIS and the address of the registered office and principal place of business within the State of FLORIDA is 7112 HIAWASSEE OVERLOOK DRIVE, ORLANDO, FLORIDA 32835.

## **ARTICLE VII LIMITED PARTNERS**

Limited Partners:

Address:

SHARON JAMES 7112 HIAWASSEE  
OVERLOOK DRIVE, ORLANDO, FLORIDA 32835-1700

ROGER JAMES 7112 HIAWASSEE OVERLOOK  
DRIVE, ORLANDO, FLORIDA 32835-1700

DIONNE JAMES 7112 HIAWASSEE OVERLOOK  
DRIVE, ORLANDO, FLORIDA 32835-1700

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## **ARTICLE VIII ADMISSION OF ADDITIONAL PARTNERS**

Additional partners may be admitted to this limited partnership only with and upon such terms as are set forth in the Limited Partnership Agreement.

## **ARTICLE IX CONTINUATION**

The remaining members of this limited partnership may, by unanimous vote, exercise the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a partner or occurrence of any other event, which terminates the continued membership of a partner in this limited partnership.

## ARTICLE X MANAGEMENT

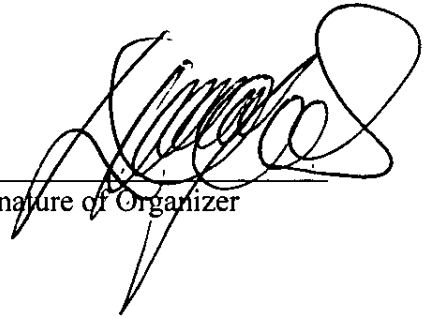
The business of the limited partnership shall be conducted under the exclusive management of its general partner(s) who shall have exclusive authority to act for the limited partnership in all matters. Partners cannot enter into a Business Dissolution Consent Agreement, except upon compliance with and satisfaction of any laws, statutes, regulations, and rules of the State of FLORIDA and the Limited Partnership Agreement.

## ARTICLE XI ORGANIZER

The name and address of the organizer of this Limited Partnership are:  
LUCY LEWIS, 7112 HIAWASSEE OVERLOOK DRIVE, ORLANDO, FLORIDA  
32835-1700

IN WITNESS WHEREOF, the Organizer has caused this Certificate of Limited Partnership to be executed this 29th day of December, 2008.

Signature of Organizer

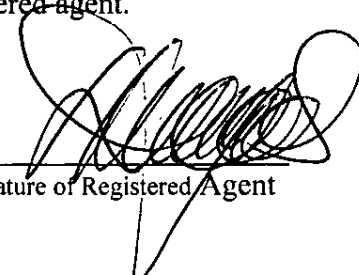


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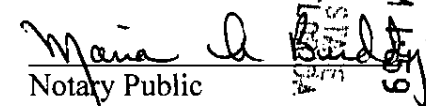
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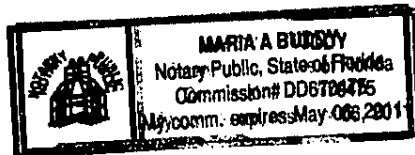
## ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I, LUCY LEWIS, accept appointment as registered agent for and on behalf of SHAROGERONNE FAMILY LIMITED PARTNERSHIP, LP, and affirm that I am familiar with, and shall comply with, all of the duties of a registered agent.

  
Signature of Registered Agent

Subscribed, sworn to, and executed before me this 29th day  
of December, 2008 by Lucy Lewis, Registered Agent of  
SHAROGERONNE FAMILY LIMITED PARTNERSHIP, LP.

  
Notary Public



7105 Silver Star Rd, Orlando, FL.  
Residing At

May 6th 2011  
My Commission Expires

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CLERK OF SUPERIOR COURT  
JANASSEE FLORIDA