

A1000000218

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000087624 3)))



H100000876243ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FILED
10 APR 16 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
JVS FAMILY HOLDINGS, L.L.L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

D. BRUCE

APR 19 2010

EXAMINER

RECEIVED
10 APR 16 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

tax audit #
H100000876243

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

1. JVS FAMILY HOLDINGS, L.L.L.P.

(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. 1200 Tarpon Woods Blvd., Unit P-7
(Street address of initial designated office)

Palm Harbor, FL 34685

3. ALAN S. GASSMAN, ESQUIRE
(Name of Registered Agent for Service of Process)

4. 1245 Court Street, Suite 102
(Florida street address for Registered Agent)

Clearwater, FL 33756

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. 1200 Tarpon Woods Blvd., Unit P-7
(Mailing address of initial designated office)

Palm Harbor, FL 34685

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

H100000876243

FILED
10 APR 16 AM 4:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

#100000876243

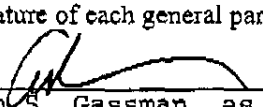
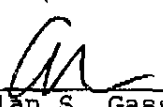
8. Name and business address of each general partner:

Name:Business Address:VIMESH MITHANI1200 Tarpon Woods Blvd., Unit P-7Palm Harbor, FL 34685KIRIT J. MITHANIc/o Vimesh Mithani1200 Tarpon Woods Blvd., Unit P-7Palm Harbor, FL 34685

9. Effective date, if other than the date of filing: _____

*(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 16th day of April, 2010

Signature of each general partner:


Alan S. Gassman, as Authorized
Representative for Vimesh
Mithani, as General Partner

Alan S. Gassman, as Authorized
Representative for Kirit J.
Mithani, as 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

#100000876243

FILED
 10 APR 16 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA