

Certificate of Limited Partnership

A11000000691
FILED
September 21, 2011
Sec. Of State
gharvey

Name of Limited Partnership:

YKM FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

12717 W. SUNRISE BLVD
383
SUNRISE, FL. 33323

Mailing Address of Limited Partnership:

12717 W. SUNRISE BLVD
383
SUNRISE, FL. 33323

The name and Florida street address of the registered agent is:

SHORELINE FINANCIAL SERVICES LLC
12717 W. SUNRISE BLVD
383
SUNRISE, FL. FL

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: YOAV MAGEN

The name and address of all general partners are:

Title: G
SHORELINE FINANCIAL SERVICES LLC
12717 W. SUNRISE BLVD # 383
SUNRISE, FL. 33323

The effective date for this Limited Partnership shall be:

09/21/2011

Signed this Twenty First day of September, 2011

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: YOAV MAGEN

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.