# A12000000264

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400311104854

FILE 26 MH 5: 38

TO DEC SO THE SO

K SAI V DEC 2 / 20%



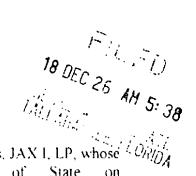
115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:1	2/26/2018		
Name:	Merritt Walker		
	1029661		
		JAX I, LP	
Articles	of Incorporation/Authoriza	ation to Transact Business	
Amendr	ment		
Change	of Agent		
☐ Reinsta	tement		
Convers	sion		
Merger			
✓ Dissolut	tion/Withdrawal		
☐ Fictitiou	s Name		
Other_	4		
Authorized Am	ount:\$52.5 <i>0</i>	···-	
Signature:	uw		

F: 800.944.6607

### CERTIFICATE OF DISSOLUTION FOR JAX I. LP



Pursuant to the provisions of section 620.1203, Florida Statutes, JAX I, LP, whose certificate was filed with the Florida Department of State on May 8, 2012, assigned Florida document number A12000000264, hereby submits this Certificate of Dissolution.

#### FIRST REASON FOR DISSOLUTION

This Limited Partnership is no longer doing business.

#### SECOND NOTICE OF DISSOLUTION

A Notice of Dissolution is attached.

## THIRD EFFECTIVE DATE OF DISSOLUTION

The effective date of the dissolution of the above referenced limited partnership shall be as of the date of filing.

Below is the signature of the limited partnership. The undersigned has executed this Certificate of Dissolution this <a href="21st">21st</a> day of December, 2018.

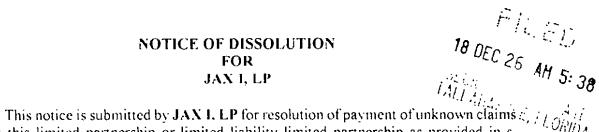
JAX I, LP, a Florida limited partnership

By: JAX II GP, INC., a Florida corporation

Its: General Partner

Name: Stephen Briggs

Its: President



against this limited partnership or limited liability limited partnership as provided in s. 620,1807, F.S.

Name of Dissolved Limited Partnership:

JAX I, LP

Description of information that must be included in a claim:

All persons with claims against JAX I, LP are required to present the claim in writing along with supporting documentation evidencing the name, address, and telephone number of the claimant, amount of claim, and description of claim, including the date the claimant believes the claim to have arisen, and specific reference to any documents the claimant believes the claim to have arisen under, if any.

All claims must be sent to the following mailing address:

EQUITY INVESTMENT SERVICES, LLC 7575 DR PHILLIPS BLVD - STE. 390 ORLANDO, FL 32819

A claim against JAX I, LP will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

JAX I, LP, a Florida limited partnership

By: JAX II GP, INC..

a Florida corporation

Its: General Partner

Name: Stephen Brigg

President lts: