

**A 12000000376**

Murphy Reid LLP  
(Requestor's Name)

Attn Mireille M. Faris  
(Address)

11300 US Hwy 1 Site 401  
(Address)

Palm Bch Gardens FL 33408  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

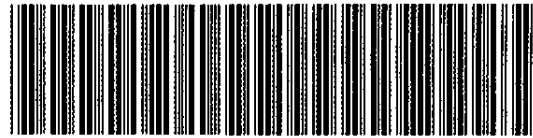
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(Business Entity Name)

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(Document Number)

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TALLAHASSEE, FLORIDA

**C. LEWIS**

JUN 29 2012

**EXAMINER**

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

FILED  
12 JUN 28 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. First JLA, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 4207 South Hudson Parkway

(Street address of initial designated office)

Englewood, CO 80110

3. Frank T. Pilotte

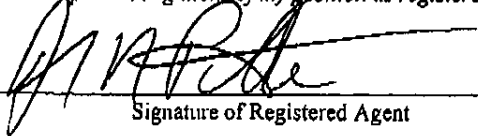
(Name of Registered Agent for Service of Process)

4. 11300 U. S. Highway One, Suite 401

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33408

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. 4207 South Hudson Parkway

(Mailing address of initial designated office)

Englewood, CO 80110

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



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8. Name and business address of each general partner:

Name:

Business Address:

First JLA, LLC

4207 South Hudson Parkway

L12000085324 Englewood, CO 80110

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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 28<sup>th</sup> day of June, 2012.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

BY: Anne Schwabel Diamond  
Anne Schwabel Diamond, Manager

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75