## A12000000388

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



900236923549

06/29/12--01029--001 \*\*1000.00

2912 JUN 29 AM 8: 30
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

JUL 3 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Buttonwood-JDM, LP		
	tnership or Limited	Liability Limited Partnership
The enclosed Certificate of Limited Partner	ship and fees are	e submitted for filing.
Please return all correspondence concerning	g this matter to:	
Keith Mckeown		
Contact Person		
Firm/Company		5. 19
651 Kirkstone Court		ECR LLA
Address		E PASS
San Ramon, CA 94582	, 1-1-1-1 <sub>-1-1</sub>	SEE SEE
City, State and Zip Code		F.S
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this mat	•	
Keith Mckeown	at (925	984-0259
Name of Contact Person	_ \	d Daytime Telephone Number
Enclosed is a check for the following amoun	nt:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees and Certificate of Status  Fee) \$1,000.00 Filing Fees and Certificate of Status	\$1,052.50 Filin and Certified C	
STREET ADDRESS:	MAILI	NG ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	

CR2E030 (01/06)

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

1. Buttonwood-JDM, LP	
(Name of Limited Partnership or Limited Liability Limited Partnership, which must Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership.	!
2. 127 South Village Way	
(Street address of initial designated office)	
Jupiter, FL 33458	
3. Barbara Mckeown	SEC:
(Name of Registered Agent for Service of Process)	HA CR
4,127 South Village Way	JUN 29 RETARY SHASSE
(Florida street address for Registered Agent)	OF-STO
5. I hereby accept the appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent.  Althoure	. I further agree o
Signature of Registered Agent	
6 127 South Village Way Jupiter Floirda 33458	
(Mailing address of initial designated office)	
7. If limited partnership elects to be a limited liability limited partnership.	, check box

Page 1 of 2

8. Name and business address of ea- Name:	ch general partner: <u>Business Address:</u>	L12000086960
Buttonwood-JDM, LLC	127 South Village Way	
	Jupiter, Florida 33458	
		National Prints
		<del></del> ;
		F IL
		29 AM
		STATE 30
9. Effective date, if other than the date of f	ĭling:	» O
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date the doc State.)	cument is
Signed this /Oth day o	f June 201	<u>7.</u> .
stated herein are true. I/We am/are a	We submit this document and affirm that aware that any false information submitted e constitutes a third degree felony as prov	in a
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registere \$52.50 \$8.75	d Agent Fee)

Page 2 of 2