

**A1200000464**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H12000202348 3)))



H120002023483ABCW

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 : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

12 AUG 10 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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

Email Address: \_\_\_\_\_

RECEIVED  
12 AUG 10 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP  
JLLM Limited Partnership

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

\* 2 of 2 -  
please file second

D. BRUCE

AUG 13 2012

Electronic Filing Menu Corporate Filing Menu

Help EXAMINER

H12000202348

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

1. JLLM Limited Partnership

(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. 1523 N. Franklin Street

(Street address of initial designated office)

Tampa, FL 33602

3. John Accardi

(Name of Registered Agent for Service of Process)

4. 1523 N. Franklin Street

(Florida street address for Registered Agent)

Tampa, FL 33602

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.

x \_\_\_\_\_  
Signature of Registered Agent

6. 1523 N. Franklin Street

(Mailing address of initial designated office)

Tampa, FL 33602

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

12 AUG 10 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

