

NOV 27, 2012 2:55PM
Division of Corporations

TRENAM KEMKER

NO. 3464 P. 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813) 223-7474
Fax Number : (813) 227-0435

09-2541/BEB

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

Email Address: tgood@trenam.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP
Jenkins Realty Holdings, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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J. SAULS
EXAMINED

NOV 28

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

1. Jenkins Realty Holdings, Ltd.

(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 L.L.P.

2. 4402 W. Dale Avenue, Tampa, Florida 33609

(Street address of initial designated office)

3. TK Registered Agent, Inc.

(Name of Registered Agent for Service of Process)

4. 101 E. Kennedy Blvd., Suite 2700, Tampa, Florida 33602

(Florida street address for Registered Agent)

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. 4402 W. Dale Avenue, Tampa, Florida 33609

(Mailing address of initial designated office)

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:Jenkins Realty Management, L.L.C.4402 W. Dale AvenueTampa, Florida 33609

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 filed by the Florida Department of State.)*Signed this 27th day of November, 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.



Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA

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