

Certificate of Limited Partnership

A15000000669
FILED
October 19, 2015
Sec. Of State
jshivers

Name of Limited Partnership:

J 3 LIMITED PARTNERSHIP

Street Address of Limited Partnership:

3450 BUSCHWOOD PARK DR
SUITE 112
TAMPA, FL. US 33618

Mailing Address of Limited Partnership:

PO BOX 381
DADE CITY, FL. US 33526

The name and Florida street address of the registered agent is:

HAROLD L HARKINS JR
3450 BUSCHWOOD PARK DR
SUITE 112
TAMPA, FL. 33618

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: HAROLD L HARKINS JR

The name and address of all general partners are:

Title: G
JON S LARKIN III
12321 FORT KING RD
DADE CITY, FL. 33525

The effective date for this Limited Partnership shall be:

10/19/2015

Signed this Nineteenth day of October, 2015

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: JON S LARKIN III

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are aware that 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.