## **Certificate of Limited Partnership**

A16000000221 FILED April 29, 2016 Sec. Of State

Name of Limited Partnership:

JAG-C FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

1302 W. SLIGH AVE. TAMPA, FL. 33604

Mailing Address of Limited Partnership:

1302 W. SLIGH AVE. TAMPA, FL. 33604

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

JAMES A JIMENEZ 1302 W SLIGH AVE TAMPA, FL. 33604

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

Registered Agent Signature: JAMES A JIMENEZ

The name and address of all general partners are:

Title: G TRIMAXX LLC 1302 W SLIGH AVE TAMPA, FL. 33604

Signed this Twenty Ninth day of April, 2016

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: JAMES A JIMENEZ

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.