

Certificate of Limited Partnership

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FILED
May 11, 2016
Sec. Of State
ncausseaux

Name of Limited Partnership:

RMINKOFF VENTURES, LP

Street Address of Limited Partnership:

404 EDGEWOOD AVE.
CLEARWATER, FL. 33755

Mailing Address of Limited Partnership:

404 EDGEWOOD AVE.
CLEARWATER, FL. 33755

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

DAVID MINKOFF
404 EDGEWOOD AVE.
CLEARWATER, FL. 33755

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

Registered Agent Signature: DAVID MINKOFF

The name and address of all general partners are:

Title: G
RMVENTURES MANAGEMENT, INC.
404 EDGEWOOD AVE.
CLEARWATER, FL. 33755

Signed this Eleventh day of May, 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: REBECCA MINKOFF, PRESIDENT

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.