

Certificate of Limited Partnership

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FILED
January 05, 2017
Sec. Of State
ncausseaux

Name of Limited Partnership:
OPTIMUM CLOSINGS, LLLP

Street Address of Limited Partnership:
4760 W. COMMERCIAL BLVD.
TAMARAC, FL. 33319

Mailing Address of Limited Partnership:
4760 W. COMMERCIAL BLVD.
TAMARAC, FL. 33319

The name and Florida street address of the registered agent is:
ROSANNA ESPINOSA
4760 W. COMMERCIAL BLVD.
TAMARAC, FL. 33319

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

Registered Agent Signature: ROSANNA ESPINOSA

The name and address of all general partners are:

Title: G
ROSANNA ESPINOSA
4760 W. COMMERCIAL BLVD.
TAMARAC, FL. 33319

The effective date for this Limited Partnership shall be:
01/05/2017

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Fifth day of January, 2017

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: ROSANNA ESPINOSA

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.