

Certificate of Limited Partnership

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FILED
May 15, 2017
Sec. Of State
ncausseaux

Name of Limited Partnership:

LEE S. LASSER FAMILY LIMITED PARTNERSHIP, NO. 4

Street Address of Limited Partnership:

4100 N. POWERLINE ROAD
SUITE B2
POMPANO BEACH, FL. 33073

Mailing Address of Limited Partnership:

4100 N. POWERLINE ROAD
SUITE B2
POMPANO BEACH, FL. 33073

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

DAVID A LASSER
4100 N. POWERLINE ROAD
SUITE B2
POMPANO BEACH, FL. 33073

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

Registered Agent Signature: DAVID LASSER, TRUSTEE, PARTNER

The name and address of all general partners are:

Title: G
DAVID A LASSER TRUSTEE
4100 N. POWERLINE ROAD, SUITE B2
POMPANO BEACH, FL. 33073

Title: G
ROBIN E LOUIS TRUSTEE
4100 N. POWERLINE ROAD, SUITE B2
POMPANO BEACH, FL. 33073

Title: G
LEE S LASSER TRUSTEE
4100 N. POWERLINE ROAD, SUITE B2
POMPANO BEACH, FL. 33073

The effective date for this Limited Partnership shall be:

05/15/2017

Signed this Fifteenth day of May, 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: DAVID A. LASSER, TRUSTEE

General Partner Signature: ROBIN E. LOUIS, TRUSTEE

General Partner Signature: LEE S. LASSER, TRUSTEE

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.