

Certificate of Limited Partnership

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FILED
September 07, 2017
Sec. Of State
ncausseaux

Name of Limited Partnership:

THE WAVES OF JACKSONVILLE, LTD.

Street Address of Limited Partnership:

1300 BROAD STREET N.
JACKSONVILLE, FL. US 32202

Mailing Address of Limited Partnership:

1300 BROAD STREET N.
JACKSONVILLE, FL. US 32202

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

BERNICE S SAXON ESQ
201 E. KENNEDY BOULEVARD
SUITE 600
TAMPA, FL. 33602

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

Registered Agent Signature: BERNICE S. SAXON

The name and address of all general partners are:

Title: G
THE WAVES GP, LLC
1300 BROAD STREET N.
JACKSONVILLE, FL. 32202 US

Signed this Seventh day of September, 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: FRED MCKINNIES

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.