Certificate of Limited Partnership

A18000000259
FILED
June 27, 2018
Sec. Of State
ncausseaux

Name of Limited Partnership:

UNIVERSITE FAMILY PARTNERSHIP, LTD.

Street Address of Limited Partnership:

30 WEST MASHTA DRIVE
400
KEY BISCAYNE, FL. US 33149

Mailing Address of Limited Partnership:

30 WEST MASHTA DRIVE
400
KEY BISCAYNE, FL. US 33149

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

MAX D PUYANIC
30 WEST MASHTA DRIVE
400
KEY BISCAYNE, FL. 33149

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

Registered Agent Signature: MAX D. PUYANIC

The name and address of all general partners are:

Title: G
UNIVERSITE FAMILY CORP.
30 WEST MASHTA DRIVE, SUITE 400
KEY BISCAYNE, FL. 33149 US

Signed this Twenty Seventh day of June, 2018

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: MAX D. PUYANIC

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.