

Certificate of Limited Partnership

A18000000421
FILED
September 28, 2018
Sec. Of State
ncausseaux

Name of Limited Partnership:

S.C.D.S. FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

1717 NORTH BAYSHORE DRIVE
PHA50
MIAMI, FL. 33132

Mailing Address of Limited Partnership:

1717 NORTH BAYSHORE DRIVE
PHA50
MIAMI, FL. 33132

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

STUART R KALB
150 WEST FLAGLER STREET
1675
MIAMI, FL. 33130

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

Registered Agent Signature: STUART R KALB

The name and address of all general partners are:

Title: G
STUART R KALB
1717 N BAYSHORE DR, PHA50
MIAMI, FL. 33132

Title: G
DORIS C KALB
1717 N BAYSHORE DR, PHA50
MIAMI, FL. 33132

The effective date for this Limited Partnership shall be:

09/28/2018

Signed this Twenty Eighth day of September, 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: STUART R. KALB

General Partner Signature: DORIS C. KALB

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.