

Certificate of Limited Partnership

A18000000455
FILED
October 10, 2018
Sec. Of State
ncausseaux

Name of Limited Partnership:

SCHBOR FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

3912 CASCADE TERRACE
WESTON, FL. US 33332

Mailing Address of Limited Partnership:

3912 CASCADE TERRACE
WESTON, FL. US 33332

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

RACHEL L TOLLEY ESQ.
2600 S. DOUGLAS ROAD
SUITE 1008
CORAL GABLES, FL. 33134

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

Registered Agent Signature: RACHEL L TOLLEY

The name and address of all general partners are:

Title: G
MARTIN C SCHMID
3912 CASCADE TERRACE
WESTON, FL. 33332 US

Title: G
MARIANA C BORGNA
3912 CASCADE TERRACE
WESTON, FL. 33332 US

The effective date for this Limited Partnership shall be:

10/10/2018

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Tenth day of October, 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: MARTIN C SCHMID

General Partner Signature: MARIANA C BORGNA

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.