

Certificate of Limited Partnership

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FILED
August 27, 2019
Sec. Of State
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Name of Limited Partnership:

THE DOCTOR RIDE LIMITED PARTNERSHIP

Street Address of Limited Partnership:

1484 SE VILLAGE GREEN DR
PORT ST LUCIE, FL. 34952

Mailing Address of Limited Partnership:

540 SE 6TH STREET
FORT LAUDERDALE, FL. 33301

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

DOCTOR RIDE LLC
540 SE 6TH STREET
FORT LAUDERDALE, FL. 33301

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

Registered Agent Signature: KEVIN MCGOEY, MANAGER

The name and address of all general partners are:

Title: G
DOCTOR RIDE LLC
540 SE 6TH STREET
FORT LAUDERDALE, FL. 33301

The effective date for this Limited Partnership shall be:

09/01/2019

Signed this Twenty Seventh day of August, 2019

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: KEVIN MCGOEY, MANAGER

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.