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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.

Account Number : 076077003231 : (561)650-0471

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# FLORIDA/FOREIGN LP/LLLP THREE DOC'S FAMILY LIMITED PARTNERSHIP

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### CERTIFICATE OF LIMITED PARTNERSHIP

**OF** 

#### THREE DOC'S FAMILY LIMITED PARTNERSHIP

The undersigned, in order to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Sections 620.1201 of the Florida Statutes, does hereby certify:

- 1. The name of the limited partnership is THREE DOC'S FAMILY LIMITED PARTNERSHIP.
- 2. The address of the designated office and mailing address of the partnership is 628 SE 25th Avenue, Fort Lauderdaie, FL 33301.
- 3. The name of the agent for service of process is Jones Foster Service, N.C. located at 505 South Flagler Drive, Suite 1100, West Palm Beach, FL 3340
- 4. The name and address of the General Partner is THREE DOCSSGP, tLC, located at 628 SE 25th Avenue, Fort Lauderdale, FL 33301.
  - This Certificate is effective upon filing.

The undersigned affirms that the facts stated herein are true and is aware that any 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.

Date: March 3, 2020

THREE DOC'S GP, LLC,

General Partner

Stephen S. Walker, Manager

Karen I. Hooks, Manager

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# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 620.1114, Florida Statutes, this Limited Partnership submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That THREE DOC'S FAMILY LIMITED PARTNERSHIP, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Partnership at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

## ACKNOWLEDGMENT:

Having been named as Registered Agent and to accept service of process for the above stated Limited Partnership at the place designated in this certificate, I hereby-accept the appointment as Registered Agent and agree to act in this capacity. —Further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

JONES FOSTER SERVICE, LLC, Registered Agent

William G. Smith, Manager

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