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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations		
SUBJECT: JADP Limited Liability Limited Parts	nership	
		i Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are	submitted for filing.
Please return all correspondence concerning	this matter to:	2020 JI TALLI
Jaime Zambrano		影生
Contact Person		2020 JUN -4 PH 4: 18 SECRETARY STEE, FLORID TALLAHASSEE, FLORID
Firm/Company		LORY F.
205 Buttonwood Drive		DA O
Address		
Key Biscayne, Florida 33149		
City, State and Zip Code		
amyjaime@bellsouth.net		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matt	ter, please call:	
Jaime Zambrano	_at (	342-4934
Name of Contact Person	Area Code and	Daytime Telephone Number
Enclosed is a check for the following amour	nt:	
\$1,000,00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052,50 Filing and Certified C	ng Fees \$1,061.25 Filing Fees. Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registra Division P. O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314

CR2E030 (6/17)

# CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

JADP Limited Liability Limited Partnership	٦ B
Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptational Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.	
205 Buttonwood Drive, Key Biscayne, Florida 33149	帝 子
(Street address of initial designated office)	L: 18
Jaime Zambrano	
(Name of Registered Agent for Service of Process)	
205 Buttonwood Drive, Key Biscayne, Florida 33149	
(Florida street address for Registered Agent)	
b. I hereby accept the appointment as registered agent and agree to act in this capacity. I furt with the provisions of all statutes relative to the proper and complete performance of my duties, with and accept the obligations of my position as registered agent.	
Signature of Registered Agent	
205 Buttonwood Drive, Key Biscayne, Florida 33149	
(Mailing address of initial designated office)	<del> </del>
	<del></del>

Page 1 of 2

7. If limited partnership elects to be a limited liability limited partnership, check box .

8. Name and business address of e Name:	Business Address:
Jaime Zambrano	205 Buttonwood Drive
	Key Biscayne, Florida 33149
Amy Zambrano	205 Buttonwood Drive
	Key Biscayne, Florida 33149
	TALL THAS SEE, FLORIDA
the Florida Department of State.) Note: If the date inserted in this blo	or more than 90 days after the date the document is filed by ock does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.
Signed this $35$	_day of March , 2020
Signature of each general partner: I herein are true. I/We am/are aware	We submit this document and affirm that the facts stated that any false information submitted in a document to the nird degree felony as provided for in s.817.155, F.S.
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

#### STATE OF FLORIDA

### Affidavit of Capital Contributions for Florida Limited Partnership

The undersigned constituiting all of the general partners of JADP Limited Partneship, a Flordia limited partneship, certify:

- The amount of capital contributions to date of the limited partners is \$0. 1.
- The total amount contributed and anticipated to be contributed by the limited 2. partners at this time totals \$1,000.

FURTHER AFFIANT SAYETH NOT. Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts are true and correct.

IN TESTIMONY WHEREOF, we have hereunto set our hands and seals, this the day of MAy(h), 2020.

General Partner

General Partner

#### S

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

JADP Limited Liability Limited Partnershi
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(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., IP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

	(Street address of initial designated office)	ALLAH	1020 JU <del>t</del>	- [ ]
Jaime Zambrano		ASSEE.	1-4 PK	7 7
	(Name of Registered Agent for Service of Process)	L. (2)	_ <u>-</u> _	r.
205 Buttonwood Drive	. Key Biscayne, Florida 33149	72 P	-8	
		<del></del>		
I hurahy accept the an	(Florida street address for Registered Agent)	I Gusthau a susa		<b>f</b>
ith the provisions of all :	(Florida street address for Registered Agent)  pointment as registered agent and agree to act in this capacity, statutes relative to the proper and complete performance of my antions of my position as registered agent.			
ith the provisions of all :	pointment as registered agent and agree to act in this capacity. Statutes relative to the proper and complete performance of my a			
rith the provisions of all strict the obligation of the obligation	pointment as registered agent and agree to act in this capacity. statutes relative to the proper and complete performance of my a ntions of my position as registered agent.			

7. If limited partnership elects to be a limited liability limited partnership, check box .

Name:	<u>B</u>	Susiness Address:		
Jaime Zambrano	2	05 Buttonwood Drive		
	K	Key Biscayne, Florida 3314	9	
Amy Zambrano	2	05 Buttonwood Drive		
	К	Cey Biscayne. Florida 3314	9	
			<del></del>	
	_ 		2021 TAL	
			LAHAS:	
	_ 		ORIDA A	. 18
	_			
9. Effective date, if other than the (Effective date cannot be prior to n the Florida Department of State.)  Note: If the date inserted in this blothis date will not be listed as the do	oor more that ook does not	in 90 days after the dat t meet the applicable st	tatutory filing requiren	nents,
Signed this	day of	Mark	2020	
	uu, o	Marcri		
Signature of each general partner: I herein are true. I/We am/are aware	I/We submit that any fal:	this document and aff se information submitt felony as provided for	ed in a document to th	
Signature of each general partner: I	I/We submit that any fals hird degree f	this document and aff se information submitt felony as provided for	ed in a document to th in s.817.155, F.S.	

#### STATE OF FLORIDA

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- 1 The amount of capital contributions to date of the limited partners is \$0.
- 2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.

FURTHER AFFIANT SAYETH NOT. Under penalties of perjury we declare that we have read the foregoing and know the contents thereof and that the facts are true and correct.

IN TESTIMONY WHEREOF, we have hereunto set our hands and seals, this the 25 day of MAy(h), 2020.

General Partner

General Partner