

Certificate of Limited Partnership

A20000000245
FILED
June 25, 2020
Sec. Of State
msolomon

Name of Limited Partnership:

FAMILY TRUST ENTERPRISES, LIMITED PARTNERSHIP

Street Address of Limited Partnership:

3201 GALILEE RD
JACKSONVILLE, FL. 32207

Mailing Address of Limited Partnership:

3201 GALILEE RD
JACKSONVILLE, FL. 32207

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

CLIFTON MURPHY
3201 GALILEE RD
JACKSONVILLE, FL. 32207

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

Registered Agent Signature: CLIFTON MURPHY

The name and address of all general partners are:

Title: G
JOSHUA WHITE
3201 GALILEE RD
JACKSONVILLE, FL. 32207

The effective date for this Limited Partnership shall be:

09/01/2020

Signed this Twenty Fifth day of June, 2020

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: JOSHUA WHITE

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.