

A20000000474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

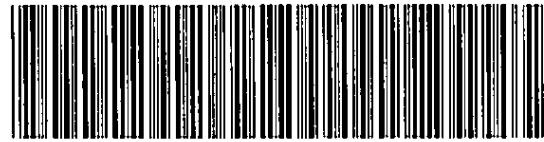
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400353703824

10/20/20--01034--024 \*\*1008.75

2020 OCT 20 PM 1:54  
NO COPY OF STATE  
FILED

FILED

OCT 22 2020

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JRM PARTNERS LP  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

ANDREW MORBERG  
Contact Person

8104 TWIN LAKE DRIVE  
Firm/Company  
Address

BOCA RATON, FL- 33496  
City, State and Zip Code

ANDY MOR @ BELL SOUTH-NET  
E-mail address: (to be used for future annual report notification)

RECEIVED BY STATE  
DIVISION OF CORPORATIONS  
OCT 20 2020

2020 OCT 20 PM 1:54

FILED

For further information concerning this matter, please call:

ANDREW MORBERG at ( 954 ) 444-5730  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 Fees  
and Certified Copy
- ☐ \$1,061.25 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

1. JRM PARTNERS, LP

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

2. 13817 MONACO WAY

(Street address of initial designated office)

PALM BEACH GARDENS, FL 33410

3. ANDREW MOSBERG

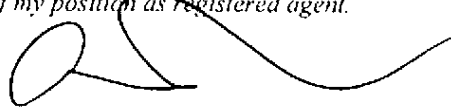
(Name of Registered Agent for Service of Process)

4. 8164 TWIN LAKE DRIVE

(Florida street address for Registered Agent)

BOCA RATON, FL 33496

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 13817 MONACO WAY

(Mailing address of initial designated office)

PALM BEACH GARDENS, FL 33410

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

8. Name and business address of each general partner:

Name:

Business Address:

ROBERT MOSBERG

13817 MONACO WAY

ANDREW MOSBERG

PALM BEACH GARDENS, FL 33410

816X TWIN LAKE DRIVE

BOCA RATON, FL 33496

2020 OCT 20 PM 1:54

FILED

FLORIDA DEPARTMENT OF STATE  
RECEIVED

9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 10 day of OCTOBER, 2020

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

ROBERT MOSBERG

ANDREW MOSBERG



Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75