Certificate of Limited Partnership

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FILED
October 27, 2020
Sec. Of State
msolomon

Name of Limited Partnership:

SOLEYMANI FAMILY LLLP

Street Address of Limited Partnership:

396 N LOMBARDY LOOP
ST. JOHNS, FL. US 32259

Mailing Address of Limited Partnership:

396 N LOMBARDY LOOP
ST. JOHNS, FL. US 32259

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

SAMAN SOLEYMANI M.D.
396 N LOMBARDY LOOP
ST. JOHNS, FL. 32259

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

Registered Agent Signature: SAMAN SOLEYMANI, M.D.

The name and address of all general partners are:

Title: G
SAMAN SOLEYMANI M.D.
396 N LOMBARDY LOOP
ST. JOHNS, FL. 32259 US

The effective date for this Limited Partnership shall be:

11/01/2020

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty Seventh day of October, 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: SAMAN SOLEYMANI, M.D.

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.