

Certificate of Limited Partnership

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FILED
October 29, 2020
Sec. Of State
msolomon

Name of Limited Partnership:

THE CORD HEALTHCARE SERVICES AND MORE LLLP

Street Address of Limited Partnership:

5602 VERBENA RD
JACKSONVILLE, FL. US 32209

Mailing Address of Limited Partnership:

PO BOX 40251
JACKSONVILLE, FL. US 32203

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

BILL HAVRE
7901 4TH ST N
300
ST. PETERSBURG, FL. 33702

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

Registered Agent Signature: BILL HAVRE

The name and address of all general partners are:

Title: G
GLENDA R CURTIS
10961 BURNT MILL RD APT 328
JACKSONVILLE, FL. 32256 US

Title: G
BRENDA D SIMMONS
5602 VERBENA RD
JACKSONVILLE, FL. 32209 US

The effective date for this Limited Partnership shall be:

10/29/2020

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Twenty Ninth 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: GLENDA R. CURTIS

General Partner Signature: BRENDA D. SIMMONS

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.