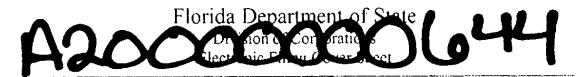
Page: 2 of 4

2020-12-17 15:45:49 CST

19542080845

From: Ranae McGraw

Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)230-3338 Phone Fax Number : (954)208-0545

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA/FOREIGNLP/LLLP

Flum Partners, LP

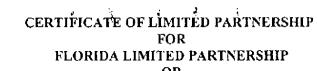
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Brumbley



OR LIMITED LIABILITY LIMITED PARTNERSHIP

Flum 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 LLLP.		
2 3010 Grand Bay Blvd., Apt. 495		
(Street address of initial designated office)	'	
Longboat Key, FL 34228		
3 Jecome Flum		
(Name of Registered Agent for Service of Process)	•	
3010 Grand Bay Blvd., Apt. 495		
4. (Florida street address for Registered Agent)	-	
Longboat Key, FL 34228	_	
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, and I am for with and accept the obligations of my position as registered agent. Signature of Registered Agent 3010 Grand Bay Blvd., Apt. 495	amiliar	26
0.		29
(Mailing address of initial designated office) Longboat Key, FL 34228	SECONDARY	1
7. If limited partnership elects to be a limited liability limited partnership, check box	AM 9	
Page 1 of 2	2) - 20 20 20 20 20 20 20 20 20 20 20 20 20	

8. Name and business address of each general partner:

From: Ranae McGraw

<u>Vame:</u>	Business Address:		
Jerome Flum	3010 Grand Bay Blvd., A	ot. 495	
	Longboat Key, FL 34228		
	_		
			
	···		
9. Effective date, if other than the d (Effective date cannot be prior to no the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the doc	ck does not meet the applicable	e statutory filing requirements	
Signed this	_ day of	,2020	
Signature of each general partner: I/herein are true. I/We am/are aware t Department of State constitutes a th	hat any false information subn	nitted in a document to the	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$52.50 \$8.75 Page 2 of 2	\$35 Registered Agent Fee)	