

Certificate of Limited Partnership

A21000000213
FILED
May 10, 2021
Sec. Of State
msolomon

Name of Limited Partnership:

VANCE FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

320 1ST ST. NORTH
#913
JACKSONVILLE BEACH, FL. US 32250

Mailing Address of Limited Partnership:

320 1ST ST. NORTH
#913
JACKSONVILLE BEACH, FL. US 32250

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

WASEET VANCE MD
320 1ST ST. NORTH
#913
JACKSONVILLE BEACH, FL. 32250

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

Registered Agent Signature: WASEET VANCE, MD

The name and address of all general partners are:

Title: G
WASEET VANCE MD
320 1ST ST. NORTH #913
JACKSONVILLE BEACH, FL. 32250 US

Signed this Tenth day of May, 2021

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: WASEET VANCE, MD

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.