## **Certificate of Limited Partnership**

A21000000260 FILED June 04, 2021 Sec. Of State

Name of Limited Partnership:

MARLENS WELLNESS LIMITED PARTNERSHIP

Street Address of Limited Partnership:

6837 CHASE RD. DEARBORN, MI. US 48126

Mailing Address of Limited Partnership:

6837 CHASE RD. DEARBORN, MI. US 48126

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

MYCOMPANYWORKS, INC. 625 E. TWIGGS ST. STE. 1000 TAMPA. FL. 33602

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

Registered Agent Signature: MATTHEW KNEE, PRESIDENT

The name and address of all general partners are:

Title: G MARLENS WELLNESS ENTERPRISES LLC 6837 CHASE RD. DEARBORN, MI. 48126 US

Signed this Fourth day of June, 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: MARLENE HARSANYI, MEMBER

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.