

# Certificate of Limited Partnership

A22000000143  
FILED  
March 09, 2022  
Sec. Of State  
sprather

Name of Limited Partnership:

INSURING YOUR JOURNEY LLC

Street Address of Limited Partnership:

1939 CRESTRIDGE DRIVE  
CLERMONT, FL. 34711

Mailing Address of Limited Partnership:

1939 CRESTRIDGE DRIVE  
CLERMONT, FL. 34711

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

HECTOR H SUAREZ  
1939 CRESTRIDGE DRIVE, FLORIDA ,34711  
FLORIDA  
CLERMONT, FL, FL. 34711

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

Registered Agent Signature: HECTOR H SUAREZ

The name and address of all general partners are:

Title: G  
HECTOR H SUAREZ  
1939 CRESTRIDGE DRIVE, FLORIDA ,34711  
CLERMONT, FL, FL. 34711 UN

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The effective date for this Limited Partnership shall be:

03/09/2022

Signed this Ninth day of March, 2022

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: HECTOR H SUAREZ

General Partner Signature: HECTOR H SUAREZ

General Partner Signature: HECTOR H SUAREZ

General Partner Signature: HECTOR H SUAREZ

General Partner Signature: HECTOR H SUAREZ

General Partner Signature: HECTOR H SUAREZ

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.