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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

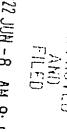
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	/INYL FISH CLUB LP				
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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Visit Fish Old LIB
1. Vinyl Fish Club 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, 340 Clematis Street
(Street address of initial designated office)
West Palm Beach, FL 33401
3. Uthman Yamusenor
(Name of Registered Agent for Service of Process)
4.3910 NE 22nd Avenue
(Florida street address for Registered Agent)
Lighthouse Point, FL 33064
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Uthman Yamusenor
Signature of Registered Agent
6.340 Clematis Street
(Mailing address of initial designated office)
West Palm Beach, FL 33401
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2



8. Name and business address of ca Name:	ach general partner: Business Address:
Kurafuto Restaurants, Ind	c. 340 Clematis Street
	West Palm Beach, Florida 33401
	<u> </u>
9. Effective date, if other than the date of	filing:
	or more than 90 days after the date the document is
Signed this day o	June . 2022
Signature of each general partner: I stated herein are true. I/We am/are	/We submit this document and affirm that the facts aware that any false information submitted in a see constitutes a third degree felony as provided for in Michael Stevenson
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2

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