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COVER LETTER

Division of Corporations	
SUBJECT: JW Fund L LP	
	artnership or Limited Liability Limited Partnership
The enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Please return all correspondence concerning	this matter to:
Kathryn Wood, Esq.	
Contact Person	
Ainsworth & Clancy, PLLC	
Firm/Company	
801 Brickell Ave. 8th Fl.	
Address	
Miami, FL 33131	
City, State and Zip Code	
katie@business-esq.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matt	ter, please call:
Kathryn Wood	_at (305) 600-3816
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
	S1.052.50 Filing Fees S1.061.25 Filing Fees, and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (6/17)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

JW Fund I, LP

(Name of Limited Partnership or Limited Liability Limited Partnership which must include suffix) Acceptable Limited

2	1100 Brickell Bay Dr. #310747
_	(Street address of initial designated office)
	Miami, FL 33231
3	Ainsworth & Claney, PLLC
	(Name of Registered Agent for Service of Process)
4	801 Brickell Ave. 8th Fl.
	(Florida street address for Registered Agent)
	Miami, FL 33131
H.	. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply ith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar ith and accept the obligations of my position as registered agent.

11	Kathryn Wood Signature of Registered Agent
	Kathryn Wood Signature of Registered Agent 801 Brickell Ave. 8th Fl.

7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

<u>Name:</u>	Business Addres	<u>s:</u>	
Joshua Wilson	1100 Brickell Bay Dr. #310747		
	Miami, Ft. 33231		
			
			
			
9. Effective date, if other than the			
(Effective date cannot be prior to a the Florida Department of State.) Note: If the date inserted in this blo this date will not be listed as the de-	ock does not meet the appli	cable statutory filing requirement	
		2023	
Signed this	day of	<u> </u>	
Signature of each general partner: herein are true. I/We am/are aware Department of State constitutes a the	that any false information	submitted in a document to the	
	Joshua Wilson	n - General Partner	
Filing Fees:	-	and \$35 Registered Agent Fee)	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		

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