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Division of Corporations

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Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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BRYSIGN OF CORPORATION

TALL WAYSSEE FLORIDA

FLORIDA/FOREIGN LP/LLLP — JOAN DAMSON FAMILY LIMITED PARTNERSHIP

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H23000426645

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

4830 W. Kennedy Blvd., Suite 880	
(Street address of initial designated office)	مستبهم
Tampa, Florida 33609	
David L. Koche	
(Name of Registered Agent for Service of Process)	
601 Bayshore Boulevard, Suite 700	το ~
(Florida street address for Registered Agent)	ZOZ3 DEI
Tampa, Florida 33606	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ago the provisions of all statutes relative to the proper and complete performance of my duties, and with and accept the obligations of my position as registered agent. Signature of Registered Agent 4830 W. Kennedy Blvd., Suite 880	gree to comply Lam Jamillay 1.57
' 	
(Mailing address of initial designated office)	

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8. Name and business address of Name:	_	al partner: Business Address;		
JSD Irrevocable, LLC		4830 W. Kennedy Blv	rd., Suite 880	
		Tampa, Florida 33609		
		_		
	•	-10-		
			<u> </u>	
				
				
	-			
	_			
	-			
9. Effective date, if other than the (Effective date cannot be prior to n the Florida Department of State.) Note: If the date inserted in this blothis date will not be listed as the do	or more the	an 90 days after the ot meet the applicable	e statutory filing requireme	ents,
Signed this 14TH	day of_	December	2023	
Signature of each general partner: I herein are true. I/We am/are aware Department of State constitutes a the JSD Irrevocable CLC	that any fal nird degree	lse information subm	nitted in a document to the	
David L. Koche, Authorized Represent	ative			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	0 (\$965 Filing Fee and S	\$35 Registered Agent Fee)	