

Certificate of Limited Partnership

A24000000059
FILED
February 06, 2024
Sec. Of State
msolomon

Name of Limited Partnership:

HSH FAMILY LIMITED PARTNERSHIP

Street Address of Limited Partnership:

2826 EDGEWATER DR
NICEVILLE, FL. 32578

Mailing Address of Limited Partnership:

2826 EDGEWATER DR
NICEVILLE, FL. 32578

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

AMY P SLAMAN ESQ.
4100 LEGENDARY DR
SUITE 200
DESTIN, FL. 32541

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

Registered Agent Signature: AMY P. SLAMAN, ESQ.

The name and address of all general partners are:

Title: G
CARLI HARMAN
2826 EDGEWATER DR
NICEVILLE, FL. 32578

The effective date for this Limited Partnership shall be:

02/06/2024

Signed this Sixth day of February, 2024

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: CARLI HARMAN

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.