4/2/24 11:36 AM Division of Corporations

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> > (((H24000120908 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068 : (407)326-8434 Phone Fax Number : (407)604-6519

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_contact@medeirossouza.com

## FLORIDA/FOREIGN LP/LLLP DX COMPANIES LP

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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: DN COMPANIES LP		
J ( 110	Name of Florida Limite	d Partnership or Limited Lia	ibility Limited Partnership
The er	nclosed Certificate of Limited Part	nership and fees are sub	mitted for filing
Please	return all correspondence concern	ing this matter to:	
Ruben	Souza		
	Contact Person	_	
MEDE	IROS SOUZA CORP		
	Firm/Company		
1711 A	imazing Way Ste 213		
	Address		
Ococe,	FL, 34761		
	City, State and Zip Code		
	@medeirossouza com		
E	-mail address: (to be used for future annu-	d report notification)	
For fu	orther information concerning this r	natter, please call:	
Rubem	Seuza	at (407 )326	8484
	Name of Contact Person	Area Code and Day	rrime Telephone Number
Enclos	sed is a check for the following am	ount:	
(\$9	000.00 Filing Fees S1.008.75 Filing I 65 Filing Fee and and Certificate of Registered Agent Status	ices S1,052.50 Fifing Fe and Certified Copy	
Regist Divisi Cliftor 2661 I	CET ADDRESS: tration Section on of Corporations n Building Executive Center Circle hassee, FL 32301	Registration	Corporations 327

í

CR2IJ030 (6/17)

From: RUBEM SOUZA

DN COMPANIES LP

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

2024-04-02 16:06:43 GMT

700 Celebration Ave, Ste 225, Celebration, FL, 34747	
(Street address of initial designated office)	
MEDEIROS SOUZA CORP	
(Nume of Registered Agent for Service of Process)	
1711 Amazing Way Ste 213, Ocoee, FL, 34761	
(Florida street address for Registered Agent)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further th the provisions of all statutes relative to the proper and complete performance of my duties, and the analysis of the obligations of my position as registered agent.	d Lum <sub>i</sub> familiar
	Y 18 E 707
	. =
Superture of Registered August	
Signature of Registered Agent	1
700 Celebration Ave, Ste 225, Celebration, FL, 34747	

Page 1 of 2

8. Name and business address Name:	of each general partner: <u>Business Address</u> :	<u>.</u>
Jar Holding Corp	700 Celebration Ave.	Ste 225, Celebration, FL, 34747
	<del></del>	
	<del></del>	
		· · · · · · · · · · · · · · · · · · ·
		<u>.</u>
9. Effective date, if other than	4/2/2024	
the Florida Department of Stat Note: If the date inserted in this	e.) s block does not meet the applic	he date the document is filed by able statutory filing requirements, he Department of State's records.
Signed this 2nd	day of April	2024
Signature of each general partn herein are true. I/We am/are aw	ner: I/We submit this document a vare that any false information so a third degree felony as provide Rafasl Callsla	abmitted in a document to the
Filing Fees: Certified Copy (optional): Certificate of Status (optional	\$1,000.00 (\$965 Filling Fee a \$52,50 1): \$8.75	ind \$35 Registered Agent Fee)

Page 2 of 2