

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: nina.magowan@gmail.com

## FLORIDA/FOREIGN LP/LLP

N&amp;M MAGOWAN, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$1,052.50

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2024 APR 15 PM 2:04

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA2024 APR 15 PM 3:07  
STATE  
TALLAHASSEE, FL

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

1. N & M MAGOWAN, L.P.  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.L.P.

2. 202 ONONDAGA AVENUE  
(Street address of initial designated office)  
PALM BEACH, FL 33480

3. NINA MAGOWAN  
(Name of Registered Agent for Service of Process)

4. 202 ONONDAGA AVENUE  
(Florida street address for Registered Agent)  
PALM BEACH, FL 33480

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.

DocuSigned by:  
Nina Magowan  
Signature of Registered Agent

6. 202 ONONDAGA AVENUE  
(Mailing address of initial designated office)  
PALM BEACH, FL 33480

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

DocuSign Envelope ID: F9CB4796-D2B9-431C-A35F-928D65D7FD12

## 8. Name and business address of each general partner:

Name:Business Address:

NINA MAGOWAN DESCENDANTS

202 ONONDAGA AVENUE

EXEMPT TRUST C/U HILDA SOLOMON  
DECLARATION OF REVOCABLE TRUST  
U/A/D 5/20/83

PALM BEACH FL 33480

Mark Magowan

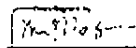
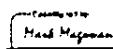
202 Onondaga Avenue

Palm Beach, FL 33480

## 9. Effective date, if other than the date of filing:

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)***Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.Signed this \_\_\_\_\_ day of 4/11/2024

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any 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.

NINA MAGOWAN, TRUSTEE OF THE NINA MAGOWAN  
EXEMPT TRUST C/U HILDA SOLOMON DECLARATION  
OF REVOCABLE TRUST U/A/D 5/20/83

MARK MAGOWAN

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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