

Certificate of Limited Partnership

A24000000594
FILED
November 18, 2024
Sec. Of State
msolomon

Name of Limited Partnership:

ROOTED AND BALANCED WELLNESS LLLP

Street Address of Limited Partnership:

1729 NW ST. LUCIE WEST BLVD
1192
PORT ST LUCIE, FL. US 34986

Mailing Address of Limited Partnership:

1729 NW ST. LUCIE WEST BLVD
1192
PORT ST LUCIE, FL. US 34986

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

NAKISHA A KINLAW-WILLIAMS
1729 NW ST. LUCIE WEST BLVD
1192
PORT ST, FL. 34986

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

Registered Agent Signature: NAKISHA KINLAW-WILLIAMS

The name and address of all general partners are:

Title: G
NAKISHA A KINLAW-WILLIAMS
410 NW 16TH AVE
BOYNTON BEACH, FL. 33435 US

Title: G
WANDA BENNETT
8206 SANTA CLARA BLVD
FT PIERCE, FL. 34951

The effective date for this Limited Partnership shall be:

01/03/2025

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Eighteenth day of November, 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: NAKISHA KINLAW-WILLIAMS

General Partner Signature: WANDA BENNETT

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.