

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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5/26/99

## To:

Division of Corporations  
Fax Number : (850) 922-4003

From: Karen L. DiDea (Direct Dial No. 407/418-6462)

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

ATTORNEY NO. 424  
CLIENT NO. 914097  
MATTER NO. 64459

PLEASE FILE THE CERTIFICATE OF LIMITED PARTNERSHIP FOR  
JMS INSURANCE PARTNERSHIP, LTD. WITH AN EFFECTIVE FILING  
DATE OF 5/26/99.

26

## FLORIDA LIMITED PARTNERSHIP

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## JMS INSURANCE PARTNERSHIP, LTD.

Certificate of Status	0
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Estimated Charge	\$140.00

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CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
JMS INSURANCE PARTNERSHIP, LTD.

The undersigned, hereby makes and files with the Secretary of State of the State of Florida this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. NAME OF PARTNERSHIP. The name of the partnership shall be JMS INSURANCE PARTNERSHIP, LTD.

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place of business of the partnership shall be located at 400 East South Street, Suite 500, Orlando, Florida 32801 or at such other place or places as the General Partner shall from time to time determine.

3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

Timothy J. Seneff  
400 East South Street, Suite 500  
Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER.

✓ 64-2780 Insurance Partnership Manager #1, LLC  
400 East South Street, Suite 500  
Orlando, Florida 32801

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

400 East South Street, Suite 500  
Orlando, Florida 32801

This document was prepared by:  
Loran A. Johnson, Esq.  
Florida Bar Number: 339350  
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.  
P. O. Box 2809  
Orlando, Florida 32802-2809  
(407) 843-4600

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6. TERM. The partnership shall be dissolved on December 31, 2050, unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

EXECUTED this 22<sup>nd</sup> day of May, 1999.

## GENERAL PARTNER

Insurance Partnership Manager #1, LLC,  
a Florida limited liability company

By:

  
Timothy J. Seneff, Managing Member

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AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned certifies that the capital contributions of the Limited Partners of JMS INSURANCE PARTNERSHIP, LTD. are \$900. No additional capital contributions by the Limited Partners are required.

FURTHER AFFIANT SAYETH NOT.


Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and the facts stated herein are true and correct.

EXECUTED this 22<sup>nd</sup> day of May, 1999.

GENERAL PARTNER

Insurance Partnership Manager #1, LLC  
a Florida limited liability company

By:

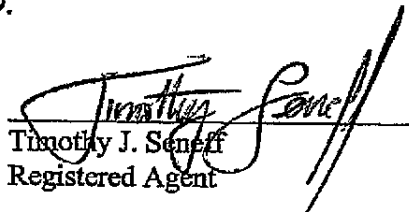
  
Timothy J. Seneff, Managing Member

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ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Timothy J. Seneff, accepts his designation as Registered Agent for JMS INSURANCE PARTNERSHIP, LTD. and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.

EXECUTED this 22<sup>nd</sup> day of May, 1999.

  
Timothy J. Seneff  
Registered Agent