

A99000001309

Jonathan D. Lewis Limited
Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Jonathan D. Lewis Limited
(Corporation Name) (Document #)
2. Partnership
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 AUG 10 PM 2:52

- ☒ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-08/10/99--01053--019
***1802.50 ***1802.50

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-08/10/99--01053--020
*****43.75 *****43.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

8/10/99

CERTIFICATE OF LIMITED PARTNERSHIP
OF
JONATHAN D. LEWIS LIMITED PARTNERSHIP

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Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986) and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of **JONATHAN D. LEWIS LIMITED PARTNERSHIP**, hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

1. **Name.** The name of the limited partnership is **JONATHAN D. LEWIS LIMITED PARTNERSHIP**.

2. **Address.** The business address and the mailing address of the limited partnership is c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

3. **Registered Agent.** The name of the registered agent for service of process is Corporation Company of Miami, a Florida corporation.

4. **Address; Registered Agent.** The street address for the registered agent is c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

5. **Records Office.** The records office of the Limited Partnership is c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

6. **Term.** The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

7. **Name and Address of General Partner.** The name of the general partner is Jonathan D. Lewis and the address of the general partner is 4649 Ponce De Leon Boulevard, #304, Coral Gables, Florida, 33146.

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

Signed this 2nd day of August, 1999.

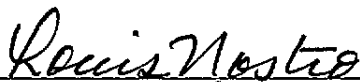

JONATHAN D. LEWIS
General Partner

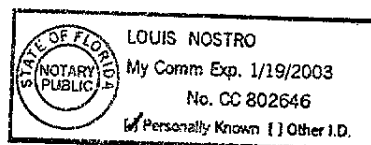
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STATE OF COLORADO)
)SS:
COUNTY OF PITKIN)

The foregoing instrument was acknowledged before me this 2nd day of August, 1999 by JONATHAN D. LEWIS, in his capacity as the sole general partner of JONATHAN D. LEWIS LIMITED PARTNERSHIP. The aforesaid JONATHAN D. LEWIS personally appeared before me, is personally known to me or produced _____ as identification and [did] [did not] take an oath.


[NOTARIAL SEAL]

Notary: 
Print Name: Louis Nostro
Notary Public, State of Florida



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 LOUIS NOSTRO
 My Comm Exp. 1/19/2003
 No. CC 802646
☒ Personally Known ☐ Other I.D.

CERTIFICATE OF ACCEPTANCE OF APPOINTMENT
IN THE MATTER OF JONATHAN D. LEWIS LIMITED PARTNERSHIP

I, **CORPORATION COMPANY OF MIAMI**, hereby certify that on the 2nd day of August, 1999, I accepted the appointment as Registered Agent of the above-entitled limited partnership in accordance with Chapter 620 of the Florida Statutes.

FURTHERMORE, that the office for the Registered Agent in this state is located at c/o Shutts & Bowen, LLP, 1500 Miami Center, 201 South Biscayne Boulevard, Miami, Florida, 33131.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of August, 1999.

CORPORATION COMPANY OF MIAMI,
a Florida corporation:

By: *Louis Nostro*
Louis Nostro, Esquire
Registered Agent

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