

Tripp Scott

Ø0001/0004

Division of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000715013)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone

Fax Number

: (954)525-7500 : (954)761-8475

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

Email Address:	mmm@trippscott.com
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FLORIDA/FOREIGN LP/LLLP JOIA, LP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$1,061.25

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Corporate Filing Menu

Help

H14000071501

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

, JOIA, LP	
(Name of Limited Partnership or Limited Liability Limited Acceptable Limited Partnership suffixes: Limited Partnership, Limited Acceptable Limited Liability Limited Partnership suffixes: Limited 1	led, L.P., L.P., or Lid.
If name unavailable, name under which the limited partnership or i business in Florida; must o	
•	3,06/04/2012
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number 27-3399777	
5. Name of Registered Agent for Service of Process and Florida: KARRIE MUSA	Street Address:
2325 SOUTH OCEAN BLVD.	
HIGHLAND BEACH, FL 33487 6. I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of	
my position as registered agent. Signature of Re	gistered Agent
·	ailing Address:
	45 SOUTH OCEAN BLAD.
HIGHLAND BEACH, FL 33487 Hit	GHLAND-BEACH, FL 33487
9. 17 limited partnership is a limited liability limited partnership	2325 S. Ocean Blud Delay Box Ha
10. Name, principal office address, and mailing address of each	general partner:
	Name of General Parinor:
Street Address: 2325 SOUTH OCEAN BLVD	Street Address:
Street Address: 2325 SOUTH OCEAN BLVD De Vay Book HIGHLAND BEACH, FL 33487	-33483
Mailing Address: SAME AS ABOVE	
Nume of Genural Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

H14000071501

Name of General Partners	Page 1 of 2 Name of General Pariner Karrie, Musa
Street Address:	Street Address: 2325 S. Decan Blvd.
Mailing Address:	Malling Address:
1). Effective date, if other than the date of f. (Effective date cannot be prior to nor more the	Ding: In 90 days after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly a Florida Department of State, by the Scaretary the law of which it is organized.	uthonticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed this Q4 day of N	1ARCH20 14
:	Land Ruse
The individual signing this document affirm the	at the facts stated herein are true and the individual is aware that false information
submitted in a document to the Department of	State constitutes a third degree follow as provided for in s.817.155, F.S.

Page 2 of 2

Fifing Fees: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fec) 552.50 \$8,75

ZOW MAR 25 AM 10: 44

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Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "JOIA, LP" IS DULY FORMED UNDER THE
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-FOURTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2014 MAR 25 AM 10: 44
SECTIONAL SECTIONS
JAN LANGUAGE FROM THE SECTION AND THE

5164149 8300

140372410

You may verify this certificate onling at corp. delaware, gov/authyer. Shiml

AUTHENTICATION: 1234198

DATE: 03-24-14