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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

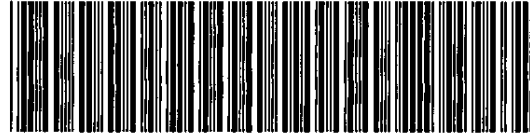
(Business Entity Name)

(Document Number)

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(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAWJESS PARTNERS, LTD
(Name of Partnership)

The enclosed Partnership Registration Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAWRENCE PRINCIPATO
(Name of Person)

AMERICAN STIMULUS FUNDING CORP
(Firm/Company)

1937 E. ATLANTIC BLVD., SUITE 201
(Address)

POMPANO BEACH, FL 33060
(City/State and Zip Code)

For further information concerning this matter, please call:

LAWRENCE PRINCIPATO at (203) 448.9484
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

1. Lawjess Partners, LTD
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Colorado State or Country of Formation 3. 2/10/1998 Date of Formation

4. Federal Employer Identification Number: 52-2105149

5. Name of Registered Agent for Service of Process and Florida Street Address:

Lisa Principato
801 Briny Ave., Unit 1505
Pompano Beach, FL 33060

6. 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.

Lisa Principato
Signature of Registered Agent

7. Principal Office: 1937 E. Atlantic Blvd
Suite 201
Pompano Beach, FL 33060

8. Mailing Address: _____

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: <u>Lisa Principato</u>	Name of General Partner: _____
Street Address: <u>801 Briny Ave - Unit 1505</u>	Street Address: _____
<u>Pompano Beach, FL 33062</u>	_____
Mailing Address: _____	Mailing Address: _____
_____	_____
Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
_____	_____
Mailing Address: _____	Mailing Address: _____
_____	_____

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Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: JAN 1, 2016
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 18th day of December, 20 15.

Lisa Prupis
Signature of a general partner

The individual signing this document affirm that 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 felony as provided for in s.817.155, F.S.

✓ 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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TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF EXISTENCE

I, Wayne W. Williams , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, a constituent filed document, as defined in section 7-90-102(6), C.R.S., for:

LAWJESS PARTNERS, LTD.

Colorado Limited Partnership

(Entity ID # 19981025844)

was filed in this office on 02/10/1998 with an effective date of 02/10/1998 .

I further certify that our records indicate that a dissolution document has not been filed.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/17/2015 that have been posted, and by documents delivered to this office electronically through 12/18/2015 @ 12:44:24 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/18/2015 @ 12:44:24 in accordance with applicable law. This certificate is assigned Confirmation Number 9420263



Wayne W. Williams

Secretary of State of the State of Colorado

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TALLAHASSEE, FLORIDA

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."