

Filing Fee: \$100.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and by virtue of the powers conferred by Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended, do execute the following Certificate of Limited Partnership:

1. The name of the limited partnership shall be:

JEWEL 247 PUBLIC REALTY L.P.

(The name must contain the words "limited partnership" or the letters and punctuation "L.P.")

2. The address of the specified office in this state where the records of the limited partnership shall be kept is:

1665 Hartford Avenue, Suite 39, Johnston, Rhode Island 02919

3. The name and address of the specified agent for service of process is **Anthony J. Milia**

1665 Hartford Avenue, Suite 39

Johnston

, RI 02919

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

4. The name and business address of each general partner is:

General Partner

Anthony Milia

Business Address

1665 Hartford Ave. Suite 39, Johnston, RI 02919

5. The mailing address for the limited partnership is **1665 Hartford Avenue**

(Street Address)

Johnston

RI

02919

(City/Town)

(State)

(Zip Code)

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6. Any other matters the partners determine to include herein:

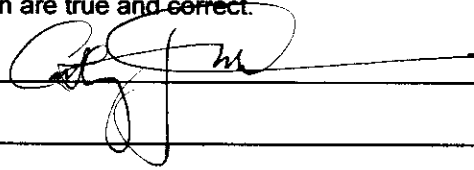
(If additional space is required, please list on separate attachment.)

Date:

6-29-09

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

By



By

By

By

By

Signature(s) of all general partners named herein