



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$100.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Partnership  
Certificate of Limited Partnership**

(Section 7-13-8 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited partnership shall be: Fortune Eye Associates L.P.

**ARTICLE II**

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

No. and Street: 93 STELLA ST  
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**ARTICLE III**

The street address (post office boxes are not acceptable) of the initial registered office of the limited partnership is:

No. and Street: 93 STELLA ST  
City or Town: PROVIDENCE State: RI Zip: 02909

The name of its initial registered agent at such address is RONALD FORTUNE, JR.

**ARTICLE IV**

The name and business address of each general partner is:

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|------------------------------------------------|------------------------------------------------------------|
| PARTNER | SHERILL VALLEY                                 | 93 STELLA ST<br>PROVIDENCE, RI 02909 USA                   |

**ARTICLE V**

The mailing address for the limited partnership is:

No. and Street: 93 STELLA ST  
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

**ARTICLE VI**

Any other matters the partners determine to include herein:

**Signed this 31 Day of October, 2018 at 1:07:38 PM by the general partner(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or*

*acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

By

SHERILL VALLEY

Signature(s) of all general partners named herein

Form No. 300  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

October 31, 2018 01:06 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

