



**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	SHERILL VALLEY	93 STELLA ST 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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