A080000579

(Requestor's Name)	
(Address)	
(Address)	
- ·	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Gertified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	
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SECRETARY OF STATE
SECRETARY OF STATE
ANDA

M. Thomas JUN 0 4 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Eureka Palms Partnershi	p of Miami, LLLP
(Name of Florida Limited Partnership or L	
The enclosed Certificate of Limited Partnership	and fees are submitted for filing.
Please return all correspondence concerning this	s matter to:
Roland Sanchez-Medina Jr.	
(Contact Person)	
Sanchez-Medina & Associates, P.A.	
(Firm/Company)	
2333 Ponce de Leon Blvd, Suite 30	D2 AHASSE
(Address)	
Coral Gables, Florida 33134	Ē
(City, State and Zip Code)	-
For further information concerning this matter,	please call:
Roland Sanchez-Medina Jr.	305 ₎ 448-4344
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

CR2E030 (01/06)



May 21, 2008

ROLAND SANCHEZ-MEDINA JR 2333 PONCE DE LEON BLVD STE 302 CORAL GABLES, FL 33134

SUBJECT: EUREKA PALMS PARTNERSHIP OF MIAMI, LLLP

Ref. Number: W08000025233

We have received your document for EUREKA PALMS PARTNERSHIP OF MIAMI, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 108A00032191

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

LEureka Palms Partnership of Miami, LLLP

(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.

2, 4000 Ponce De Leon Blvd, Suite 770
(Street address of initial designated office)
Miami, Florida 33146
3. Roland Sanchez-Medina Jr.
(Name of Registered Agent for Service of Process)
4. 2333 Ponce De Leon Blvd. Suite 302
(Florida street address for Registered Agent)
Coral Gables, Florida 33134
5. 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.
Signature of Registered Agent
6. 4000 Ponce De Leon Blvd, Suite 770
(Mailing address of initial designated office)
Miami, Florida 33146
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each gen Name:	neral partner: <u>Business Address:</u>	
Eureka Palms Management Corp.	4000 Ponce De Leon Blvd, Suite 770	
205 000028480	Miami, Florida 33146	
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	ALES OF ST	
9. Effective date, if other than the date of filing:		
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	e than 90 days after the date the document is	
Signed this 14th day of Ma	y, 2008	
Signature of each goneral partner:	as president of Eureka Palms ManagementCorp	
Filing Fees: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75		

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