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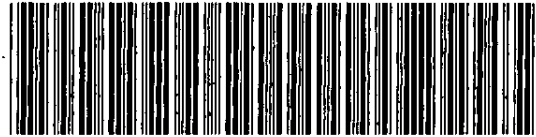
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TALLAHASSEE, FLORIDA

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M. THOMAS

JUL 21 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MORBAY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Ann J. Zabelinski

(Contact Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.

(Firm/Company)

799 Brickell Plaza, Suite 700

(Address)

Miami, Florida 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Ann J. Zabelinski

(Name of Contact Person)

at ( 305 ) 372-5100

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees  
(\$965 Filing Fee and \$35 Registered Agent Fee) and Certificate of Status and Certified Copy Certified Copy, and Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF THE**  
**MORBAY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

**THIS CERTIFICATE** is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

- (a) **Name.** The name of the subject limited partnership is the MORBAY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- (b) **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

301 Costa Brava Court  
Coral Gables, Florida 33143

**Registered Agent; Registered Office.** The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A.  
799 Brickell Plaza, Suite 700  
Miami, FL 33131

- (c) **General Partner.** The names and business address of the General Partner(s) are:

ELISE MORALES and OSCAR MORALES

- (d) **Mailing Address.** The mailing address of the Partnership is:

301 Costa Brava Court  
Coral Gables, Florida 33143

- (e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2055.

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(f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☒

IN WITNESS WHEREOF, the general partner has duly executed this .

Certificate, this 24<sup>th</sup> day of June, 2008.

WITNESSES:

Elizabeth C...  
Print name: Elizabeth C...

Oscar Morales  
OSCAR MORALES, General Partner

Patricia Alejo  
Print name: Patricia Alejo

Elizabeth C...  
Print name: Elizabeth C...

Elise Morales  
ELISE MORALES, General Partner

Patricia Alejo  
Print name: Patricia Alejo

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TALLAHASSEE, FLORIDA

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