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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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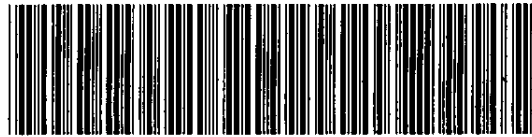
(Business Entity Name)

(Document Number)

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T. CLINE

APR 22 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OVAG 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:

Greta P. Lozada  
Contact Person  
JONATHAN H. GREEN & ASSOCIATES, P.A.  
Firm/Company  
799 Brickell Plaza, Suite 700  
Address  
Miami, Florida 33131  
City, State and Zip Code  
gpl@jhglaw.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Greta P. Lozada at ( 305 ) 372-5100  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

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

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF THE**  
**OVAG 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 OVAG 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 be maintained under the Act is:

791 Crandon Blvd., Apt 403  
Key Biscayne, Florida 33149

**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:

Orly Freyer, Trustee

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

791 Crandon Blvd., Apt 403  
Key Biscayne, Florida 33149

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

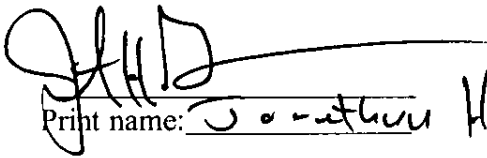
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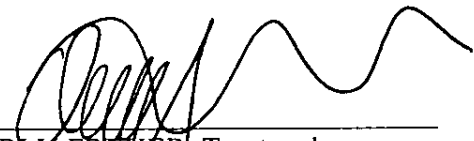
(f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box .

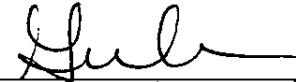
**IN WITNESS WHEREOF**, the general partner has duly executed this

Certificate, this 9<sup>th</sup> day of April, 2010.

WITNESSES:

  
Print name: Jonathan H. O'Brien

  
ORLY FREYER, Trustee, her successor(s)  
as trustee(s) of the Orly Freyer Revocable  
Living Trust, General Partner

  
Print name: Greta Lozada

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**CONSENT TO SERVE AS REGISTERED AGENT**

**FOR THE**

**OVAG FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the OVAG FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: April 9th, 2010.

JONATHAN H. GREEN & ASSOCIATES, P.A.  
a Florida Corporation

By \_\_\_\_\_

JONATHAN H. GREEN

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