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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

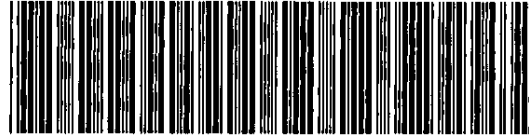
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALACIOS PARTNERS, LLLP
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:

LAURA KOHN

Contact Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO STREET, SUITE 300

Address

CORAL GABLES, FL 33134

City, State and Zip Code

LAURA@ARAZOZA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA KOHN at (305) 444-6226 x 233
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

CR2B030 (01/06)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2014

LAURA KOHN
2100 SALZEDO ST SUITE 300
CORAL GABLES, FL 33134

SUBJECT: PALACIOS PARTNERS, LLLP
Ref. Number: W14000039862

We have received your document for PALACIOS PARTNERS, LLLP and your check(s) totaling \$1008.75. 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 the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00013909

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

1. PALACIOS PARTNERS, 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 L.L.L.P.*

2. c/o ARAZOZA & FERNANDEZ-FRAGA P.A.
(Street address of initial designated office)

2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134

3. ARAZOZA & FERNANDEZ-FRAGA P.A.
(Name of Registered Agent for Service of Process)

4. 2100 SALZEDO STREET, SUITE 300
(Florida street address for Registered Agent)

CORAL GABLES, FL 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. 2100 SALZEDO STREET, SUITE 300
(Mailing address of initial designated office)

CORAL GABLES, FL 33134

7. If limited partnership elects to be a limited liability limited partnership, check box

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8. Name and business address of each general partner:

Name:

Business Address:

Herbert Jordan as Successor
Trustee of the Amparo Gomez
de Palacios Revocable Trust

c/o Arazoza & Fernandez-Fraga P.A.
2100 Salzedo Street, Suite # 300
Coral Gables, FL 33134
Attn. Carlos F. Arazoza

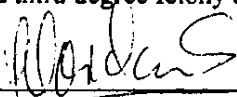
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_____	_____

9. Effective date, if other than the date of filing: DATE OF FILING

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 24th day of JUNE, 2014

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Herbert Jordan as Successor
Trustee of the Amparo Gomez
de Palacios Revocable Trust

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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