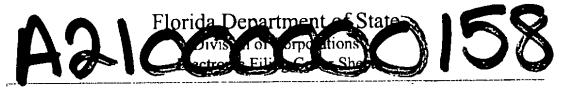
4/5/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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FLORIDA/FOREIGN LP/LLLP et Family Miami LP

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Page Count	02
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CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

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 uffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 343 Howard Drive Woodmere NY 11598				
				(Street address of initial designated office)
	-			
Veorp Services, LLC (Name of Registered Agent for Service of Process) 5011 South State Road 7, Suite 106 Davie FL 33314				
			(Florida street address for Registered Agent)	
			. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to ith the provisions of all statutes relative to the proper and complete performance of my duties, and I am fixith and accept the obligations of my position as registered agent.	o comply famili#21
man make	1 17			
Signature of Registered Agent	9 / 15 / 15 / 15 / 15 / 15 / 15 / 15 / 1			
343 Howard Drive Woodmere NY 11598	- AH (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
(Mailing address of initial designated office)	8: 50			

Page 1 of 2

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

From Vcorp Services, LLC

2021-04-05 21:39:36 GMT

	Business Address	neral partner: Business Address:		
et Family GP LLC	343 Howard Drive	343 Howard Drive		
	Woodmere NY 11598			
9. Effective date, if other than the da (Effective date cannot be prior to no the Florida Department of State.) Note: If the date inserted in this bloc this date will not be listed as the doc	r more than 90 days after ck does not meet the appl	cable statutory filing requirement		
	day of	2021		
Signed this	_ day oi			
Signed this 3rd Signature of each general partner: I/herein are true. I/We am/are aware t Department of State constitutes a thi	We submit this document hat any false information	submitted in a document to the		