

4/5/2021

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing System

A210000158

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : Vcorp SERVICES, LLC
 Account Number : 120080000067
 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: _____

2021 APR -6 AM 8:15

**FLORIDA/FOREIGN LP/LLLP
 et Family Miami LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

2021 APR -6 AM 8:50

APPROVED
AND
FILED

Electronic Filing Menu Corporate Filing Menu Help

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

1. et Family Miami LP
 (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. 343 Howard Drive Woodmere NY 11598
 (Street address of initial designated office)

3. Vcorp Services, LLC
 (Name of Registered Agent for Service of Process)

4. 5011 South State Road 7, Suite 106 Davie FL 33314
 (Florida street address for Registered Agent)

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.*

[Handwritten Signature]

Signature of Registered Agent

6. 343 Howard Drive Woodmere NY 11598
 (Mailing address of initial designated office)

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

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 2021 APR - 6 AM 8:50

8. Name and business address of each general partner:


<u>Name:</u>	<u>Business Address:</u>
et Family GP LLC	343 Howard Drive
	Woodmere NY 11598

9. Effective date, if other than the 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 3rd day of March, 2021

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.



Filing Fees: \$1,000.00 (S965 Filing Fee and S35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75