

# A22 000000693

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

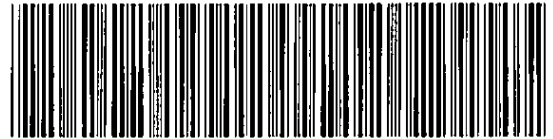
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 DEC 13 AM 9:58

APPROVED  
AND  
FILED

DEC 14 2022

K. Brumblay

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 17 AMOUNT: 1000.00**

AUTHORIZATION: *Jamir Lells*  
R Mijares Family Limited Liability Limited Partnership

**Business Name** **Document Number, (if known):**

- Walk in  Pick up time
- Mail out  Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTIL. ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** R MIJARES 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:

TANYA GARCIA VEGA  
Contact Person  
JONATHAN H. GREEN & ASSOCIATES P.A.  
Firm/Company  
901 PONCE DE LEON BLVD. SUITE 601  
Address  
CORAL GABELS, FL 33134  
City, State and Zip Code  
TGV@JHGLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Garcia Vega 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  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

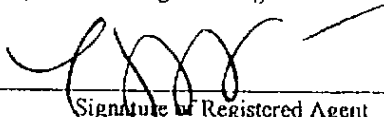
1. R MIJARES FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LL.L.P.

2. 901 PONCE DE LEON BLVD. SUITE 601  
(Street address of initial designated office)  
CORAL GABLES, FL 33134

3. TANYA GARCIA VEGA  
(Name of Registered Agent for Service of Process)

4. 901 PONCE DE LEON BLVD. SUITE 601  
(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. 901 PONCE DE LEON BLVD. SUITE 601  
(Mailing address of initial designated office)  
CORAL GABLES, FL 33134

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

APPROVED  
AND  
FILED  
2022 DEC 13 AM 9:58  
CLERK OF COUNTY COURT  
DADE COUNTY, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

RAMON MIJARES, TRUSTEE

901 PONCE DE LEON BLVD. SUITE 601

CORAL GABLES, FL 33134


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 13TH day of DECEMBER, 2022

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