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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Fax: (302) 888-6989

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAGROSA FAMILY PARTNERS, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Mary Ann Powell

(Contact Person)

222 Delaware Avenue PO Box 2306

(Firm/Company)

(Address)

Wilmington, DE 19899

(City, State and Zip Code)

For further information concerning this matter, please call:

Mary Ann Powell at ( 302 ) 888-6839  
(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 Fee, 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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. Dagrosa Family Partners, L.P.

(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.

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 4-10-2003

(Date of Formation)

4.

Anne Nichols

(Name of Registered Agent for Service of Process)

5.

1221 Brickell Avenue, Suite 2660

(Florida street address for Registered Agent)

Miami, Florida 33131

6. 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.

Anne Nichols

Signature of Registered Agent

7. 12950 SW 61 Avenue Pinecrest, Florida 33156

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box

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TALLAHASSEE, FLORIDA  
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9. 12950 SW 61 Avenue Pinecrest, Florida 33156  
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Joseph DaGrosa, Jr.  
(Name)

12950 SW 61 Avenue  
(Street Address)  
Pinecrest, Florida 33156

SAME  
(Mailing Address)

Jessica DaGrosa  
(Name)

12950 SW 61 Avenue  
(Street Address)  
Pinecrest, Florida 33156

SAME  
(Mailing Address)

\_\_\_\_\_  
(Name)

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

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

\_\_\_\_\_  
(Name)

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

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

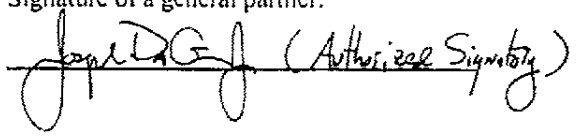
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: \_\_\_\_\_

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

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this fourteenth day of September, 2006.

Signature of a general partner:  


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

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAGROSA FAMILY PARTNERS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAGROSA FAMILY PARTNERS, L.P." WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2003.

3646324 8300

060929057



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5102241

DATE: 10-10-06