

A060000000822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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700076572687

06/27/06--01016--016 **1362.50

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2006 JUN 27 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A06-822
al

LAW OFFICES
Reichstein and Lapat
an association of individual attorneys

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901(Fax)

Please Reply to Florida Office

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nysbar.com

June 8, 2006

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Miami Capital, L.P.	\$1052.50
Miami Capital Investment Group, LLC	\$155.00
<u>Miami Capital Advisors, LLC</u>	<u>\$155.00</u>
	\$1362.50

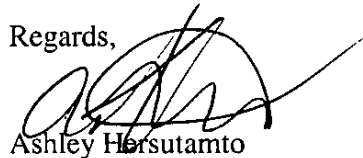
Dear Sir or Madam:

Please find enclosed herewith, in triplicate original, one Certificate of Limited Partnership and two Articles of Organization for the above-referenced entities. Additionally enclosed is one check in the sum of \$1362.50 representing the filing fees for these formations.

Kindly file the foregoing as appropriate and return to this office the requested file-stamped, certified copies. A self-addressed, stamped envelope is provided for your convenience.

Should you have any questions, please contact the undersigned.

Regards,



Ashley Hersutamto

ajh
enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Capital, L.P.

(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:

Ashley Hersutamto

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, FL 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

Ashley Hersutamto

(Name of Contact Person)

at (954) 345-6442

(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

CR2E030 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2006 JUN 27 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1. Miami Capital, 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.

2. 100 Lincoln Road, Suite 1536

(Street address of initial designated office)

Miami Beach, FL 33139

3. Steven Soskin

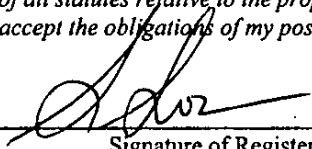
(Name of Registered Agent for Service of Process)

4. 100 Lincoln Road, Suite 1536

(Florida street address for Registered Agent)

Miami Beach, FL 33139

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. 100 Lincoln Road, Suite 1536

(Mailing address of initial designated office)

Miami Beach, FL 33139

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

8. Name and business address of each general partner:

Name:

Business Address:

Miami Capital Investment Group, LLC

100 Lincoln Road, Suite 1536

Miami Beach, FL 33139

CO6-65212

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

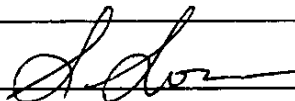
9. Effective date, if other than the date of filing: _____

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

Signed this _____ day of _____, 2006

Signature of each general partner:

Steven Soskin, Manager of GP
Miami Capital Investment Group, LLC



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75