A0800000673

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| · | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| î (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| · | | | | | |
| | | | | | |
| , | | | | | |
| , | | | | | |
| , | | | | | |
| | | | | | |

Office Use Only



500132699695

07/14/08--01037--024 **2250.00

SENTANCE STATE

T. CLINE

JUL 15 2008

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|---|--------------|---------------------------------|----------------------|---------------|
| SUBJ | ECT: PALGAR FLLLP | | | | |
| | (Name of Florida Limited Partne | rship or Li | mited Liability | Limited Partnership) | |
| The e | nclosed Certificate of Limited Par | rtnership | and fees are | submitted for filin | g. |
| Please | e return all correspondence concer | rning this | matter to: | | |
| Ann | J. Zabielinski | | | | |
| | (Contact Person) | _ | | | |
| JON | IATHAN H. GREEN & AS | SSOCI | ATES, P | .A. | |
| | (Firm/Company) | | | • | |
| 799 | Brickell Plaza, Suite 700 |) | | | |
| | (Address) | | | | |
| Mia | mi, Florida 33131 | | | | |
| M-4-1 | (City, State and Zip Co | de) | | • | |
| | | | | | entr. N |
| For fu | irther information concerning this | matter, p | olease call: | | |
| Ann | J. Zabielinski | at (| 305 | 372-5100 | ne Number) |
| | (Name of Contact Person) | · | (Area Code | and Daytime Telephon | ie Number) |
| Enclo | sed is a check for the following a | mount: | | | |
| (\$965) | 000.00 Filing Fees \$1,008.75 Filing and Certificate of | | 1,052.50 Filin Certified Cop | | y, and the Ci |
| Fee) | egistered Agent Status | | | Certificate of | Status |
| STRI | EET ADDRESS: | | MAIL | ING ADDRESS: | |
| | | | | ation Section | |
| Division of Corporation Division of Corporation | | | n of Corporations | | |
| | on Building P. O. Box 6327 | | | | |
| | Executive Center Circle | | Tallaha | ssee, FL 32314 | |
| i alla | hassee, FL 32301 | | | | |

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP

OF THE

PALGAR FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

THIS CERTIFICATE is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

- (a) Name. The name of the subject limited partnership is the PALGAR FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

255 University Drive Coral Gables, FL 33134

Registered Agent; Registered Office. The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A. 799 Brickell Plaza, Suite 700 Miami, FL 33131

(c) General Partner. The name of the General Partner(s) is:

CMG FAMILY MANAGEMENT, LLC

LO8-68057

(d) <u>Mailing Address</u>. The mailing address of the Partnership is:

255 University Drive Coral Gables, FL 33134

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve is December 31, 2055.

(f) <u>Election</u>. If limited partnership elects to be a limited liability limited partnership, check box

IN WITNESS WHEREOF, the general partner has duly executed this

| Certificate, this 10th day of | , 2008. |
|-------------------------------|---|
| WITNESSES: | CMG FAMILY MANAGEMENT, LLC, General Partner |
| Print name: Row Toly | By: OSCAR GARCIA, Member/Manager |
| Print name: Araboth Goramelin | |
| Hodice 1 | By: Sanalacio in |
| Print name: RELY PRACIO | ICER PALACIO, Member/Manager |
| | 型当 5 |