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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MPI Holdings, Ltd.
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raul Masvidal Managing Director
(Name of Person)

Masvidal Partners Inc.
(Firm/Company)

201 Alhambra Circle, Suite 700
(Address)

Coral Gables, FL 33134.
and Zip Code)

For further information concerning this matter, please call:

Raul Masvidal at (305) 448-3500
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:
MPI Holdings, Ltd. LLLP

Insert limited partnership's Florida document number: N/A
or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

MPI Holdings, Ltd, LLLP

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 201 Alhambra Circle, Suite 700
(if different from current recorded address): Coral Gables, FL 33134.

4. The street address of principal office in Florida:
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State
or

a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

Raul Masvidal

201 Alhambra Circle, Suite 700

Coral Gables, Florida 33134

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 17 day of February, 2005

Signature of TWO Partners:

MASVIDAL PARTNERS, INC.
BY: [Signature] ITS MANAGING DIRECTOR

Typed or printed names of partners signing above:

MASVIDAL PARTNERS, INC.
RAUL MASVIDAL, MANAGING DIRECTOR
JUAN H. DELGADO

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA