

To: Corporations
Subject:

From: Ed Lary

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H06000000218

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

DISD-47572

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

Dadeland Funding, LLLP

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Florida Dept of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



February 3, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS, INC

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

SUBJECT: DADELAND FUNDING, LLLP
REF: W06000005489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H06000030128
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PLEASE GIVE ORIGINAL SUBMISSION
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P.O BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Dadeland Funding, LLLP

(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. 848 Brickell Avenue, Suite #810

(Street address of initial designated office)

Miami, Florida 33131

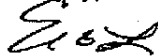
3. CorpDirect Agents, Inc.

(Name of Registered Agent for Service of Process)

4. 515 E. Park Avenue, Tallahassee, FL 32301

(Florida street address for Registered Agent)

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. 848 Brickell Avenue, Suite #810

(Mailing address of initial designated office)

Miami, Florida 33131

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Dadeland Funding GP, LLC

848 Brickell Avenue

Suite #810

Miami, Florida 33131

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 January, 2006

Signature of each general partner:

Dadeland Funding GP, LLC, GP

By: 

Authorized Manager

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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