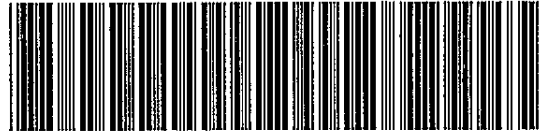


A060000000365

00789-06115-00524-00676-00671 form + fee  
\$1008.75

Pestano & Associates, Pa.  
Lincoln Park West  
7758 N.W. 44th Street  
Sunrise, Florida 33351



300065843843

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

02/20/06--01022--013 \*\*218.75

(Business Entity Name)

(Document Number)

03/09/06--01025--026 \*\*790.00

Certified Copies \_\_\_\_\_ Certificates of Status 1

Special Instructions to Filing Officer:

8/6 FL LP

Office Use Only

W06-8973

M. HODGES

FILED  
06 MAR -6 PM 1:58  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

PESTANO & ASSOCIATES, PA  
LINCOLN PARK WEST  
7758 N.W. 44TH STREET  
SUNRISE, FL 33351

SUBJECT: THE LEMO FAMILY LIMITED PARTNERSHIP  
Ref. Number: W06000008973

We have received your document for THE LEMO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$218.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

The filing fee for a Limited Partnership is \$1000 plus \$8.75 for the certificate of status requested.,

There is a balance due of \$790.00.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 806A00012677

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Lemo Family Limited Partnership  
(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:

\_\_\_\_\_  
(Contact Person)

Pestano & Associates, PA

\_\_\_\_\_  
(Firm/Company)

7758 NW 44<sup>th</sup> Street

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

Sunrise, FL 33351

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Contact Person)

at ( 954 ) 578-0016

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

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

1. The Lemo Family Limited Partnership

(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. 401 Holiday Dr., Hallandale, Florida 33009  
(Street address of initial designated office)

3. Alberto M. Salama T.  
(Name of Registered Agent for Service of Process)

4. 401 Holiday Dr., Hallandale, Florida 33009  
(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.*

See ATTACHED  
Signature of Registered Agent

6. 401 Holiday Dr., Hallandale, Florida 33009  
(Mailing address of initial designated office)

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:

Alberto M. Salama T.

401 Holiday Dr.

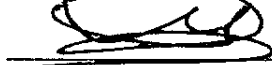
Hallandale, Florida 33009

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 28 day of February, 2006.

Signature of each general partner:



**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

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

**\$52.50**

**\$8.75**