

AD60000000366

00789-06115-00524-00676-00671 form & fee \$1008.7

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

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

MD1-2780

(Document Number)

Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

3/6 FL LP

Office Use Only



400065843834

02/20/06--01022--012 **218.75

03/09/06--01025--027 **790.00

FILED
06 MAR -6 PM 1:59
TALLAHASSEE FLORIDA

Wade-8971

M. HODGES



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 MJR FAMILY LIMITED PARTNERSHIP
Ref. Number: W06000008971

We have received your document for THE MJR 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: 206A00012676

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The MSR 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 44th Street
(Address)
Sunrise, FL 33351
(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (954) 578-0014
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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

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

1. The MSR 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. 2600 Island Blvd., Apt. 305
(Street address of initial designated office)

Aventura, Florida 33160

3. Elias Salama
(Name of Registered Agent for Service of Process)

4. 2600 Island Blvd., Apt. 305
(Florida street address for Registered Agent)

Aventura, Florida 33160

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. 2600 Island Blvd., Apt. 305
(Mailing address of initial designated office)

Aventura, Florida 33160

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

SECRETARY OF STATE
ALLAHUSSEIN FLORIDA

06 MAR -5 PM 1:59

FILED

8. Name and business address of each general partner:

Name:

Business Address:

Elias Salama

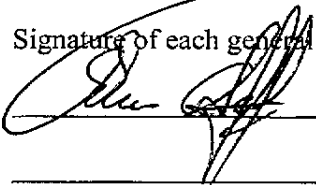
2600 Island Blvd. Apt. 305
Aventura, FL. 33160

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

Page 2 of 2