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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

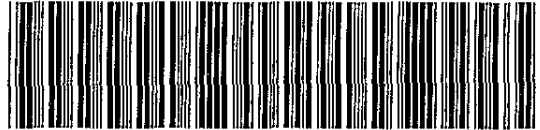
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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DB

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** URBANA HOLDINGS LLLP  
(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:

Alfonso Baigorri, Esq.  
(Contact Person)  
Katz Barron Squitiero Faust  
(Firm/Company)  
2699 S. Bayshore Drive, 7<sup>th</sup> Floor  
(Address)  
Miami, Florida 33133  
(City, State and Zip Code)

For further information concerning this matter, please call:

Alfonso Baigorri, Esq. at ( 305 ) 856-2444  
(Name of Contact Person) (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

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

1. URBANA HOLDINGS 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. 200 S. Biscayne Blvd., Suite 2730

(Street address of initial designated office)

Miami, Florida 33131

3. Corpco, Inc.

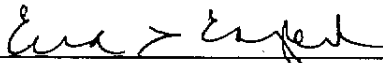
(Name of Registered Agent for Service of Process)

4. 2699 S. Bayshore Drive, 7th Floor ✓

(Florida street address for Registered Agent)

Miami, Florida 33133

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. 200 S. Biscayne Blvd., Suite 2730

(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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8. Name and business address of each general partner:

Name:

Business Address:

Urbana Management Corp.

200 S. Biscayne Blvd., Suite 2730

Miami, Florida 33131 PO5000156251

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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 7 day of MARCH, 2006

Signature of each general partner:

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**