

A06000000398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

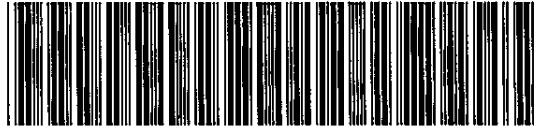
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/06--01001--015 **1061.25

FILED

2006 MAR 17 AM 8:44

SECURITY OF MI
TILLAMUSSE, MI 48103

RECEIVED

06 MAR 17 PM 3:44

OFFICE OF THE
CLERK OF THE
COURT
TILLAMUSSE, MI 48103

Sonistate Research

Requester's Name

Address

City/State/Zip

Phone #

6056-5454

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2005 MAR 17 AM 8:44
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Bucelo Family Limited
(Corporation Name) (Document #)
2. Partnership
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. ~~_____~~
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☒ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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

FILED
2006 MAR 17 AM 8:44
CLERK OF CIRCUIT COURT
JULIA KASSEL, CLERK
TALLAHASSEE, FLORIDA

1. Bucelo 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. 1401 Ponce de Leon Boulevard, Suite 401

(Street address of initial designated office)

Coral Gables, Florida 33134

3. Louis Nostro

(Name of Registered Agent for Service of Process)

4. Shutts & Bowen LLP, 201 S. Biscayne Blvd., Ste. 1600

(Florida street address for Registered Agent)

Miami, Florida 33131

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. 1401 Ponce de Leon Boulevard, Suite 401

(Mailing address of initial designated office)

Coral Gables, Florida 33134

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:

Bucelo Family Management Company, LLC

1401 Ponce de Leon Boulevard, Suite 401

Coral Gables, Florida 33134

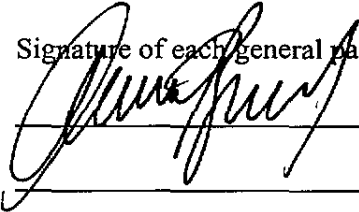
L06000028738

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 14th day of March, 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