

APR-11-2006 12:56

KRAMER GREEN

P.01/03

A06000000506

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000096409 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954) 966-2112
Fax Number : (954) 981-1605

FILED
06 APR 11 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 APR 11 PM 1:36
DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

ZOYA ONE, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000096409 3)))

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

1. ZOYA ONE, 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. 10001 N.W. 50th Street, #W2

(Street address of initial designated office)

Sunrise, Florida 33351

3. MITCHELL F. GREEN, ESQ.


(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Blvd., Suite 485S

(Florida street address for Registered Agent)

Hollywood, FL 33021

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. 10001 N.W. 50th Street, #W2

(Mailing address of initial designated office)

Sunrise, Florida 33351

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

(((H06000096409 3)))

FILED

06 APR 11 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H06000096409 3)))

8. Name and business address of each general partner:

Name:Business Address:ZOYA HAJIANPOUR10001 N.W. 50th Street, #W2Sunrise, Florida 33351

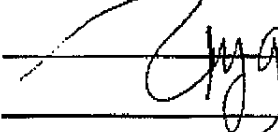
FILED
 06 APR 11 AM 10:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 10th day of April, 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

(((H06000096409 3)))