(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document (Admises)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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2006 APR 28 PH 12: 49

DIVISION OF CORPORATION 06 HAY -1 AH 10: 53





Fictitious Name

Reinstatement

Name Reservation

## UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528

## **HOLD**

FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

123900			
May 1, 2006			

3	rkiirp c	CORPORATION NAME (S) AND DOCUM	MENT NUMBER (S):
Maspo	ons Investments, LLLP		
Filing Evidence  □ Plain/Confirmation Copy		Type of Docume  □ Certificate of State	
	☑ Certified Copy	□ Certificate of Goo	od Standing
		□ Articles Only	
	Retrieval Request  Photocopy  Certified Copy	☐ All Charter Docu Articles & Amen ☐ Fictitious Name (☐	dments
	NEW FILINGS	AMENDMENTS	20°
	Profit	Amendment	SECRETÁ! 2006 APR 28
	Non Profit	Resignation of RA Officer/Director	# 7 <u>/</u> PR 28
	Limited Liability	Change of Registered Agent	* <u>_</u>
	Domestication	Dissolution/Withdrawal	67 :78 Hd by 15: 184 by 15: 19
X	Other	Merger	64 13
	OTHER FILINGS	REGISTRATION/QUALIFICATION	
	Annual Reports	Foreign	

Limited Liability

Reinstatement

Trademark

Other

# MASPONS INVESTMENTS, LLLP <u>CERTIFICATE OF LIMITED PARTNERSHIP</u> FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to § 620.1201 of the Florida Statutes, the undersigned person, desiring to form a Florida Limited Liability Limited Partnership, hereby swears to and affirms as follows:

- 1. The name of the Limited Liability Limited Partnership shall be MASPONS INVESTMENTS, LLLP (the "Partnership").
- 2. The character of the business is the acquisition, development, ownership, renting, operation, and/or disposition by sale or exchange of real and/or personal property and/or any other lawful enterprise.
- 3. The location of the principal place of business is 6510 Castaneda Street, Coral Gables, Florida 33146. The name and address of the agent for service of process is ATRIUM REGISTERED AGENTS, INC., 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.
  - 4. The name and business address of the General Partner shall be as follows:

Maria Maspons 6510 Castaneda Street Coral Gables, Florida 33146

5. The mailing address for the Limited Partnership shall be as follows:

6510 Castaneda Street Coral Gables, Florida 33146

- 6. If Limited Partnership elects to be a Limited Liability Limited Partnership, check box  $\lceil \chi \rceil$ .
- 7. The term of the Partnership shall commence upon the filing of this Certificate of Limited Partnership for Florida Limited Liability Limited Partnership with the Secretary of State of the State of Florida, and it shall continue for fifty (50) years from such filing, unless otherwise terminated or extended in accordance with the provisions of the Partnership Agreement.

IN WITNESS WHEREOF, the party hereto has executed this Certificate of Limited Partnership for Florida Limited Liability Limited Partnership on the 2674 day of 2006, effective upon filing same with the Florida Department of State.

MASPONS INVESTMENTS, LLLP

By:

Maria Maspons, General Partner

### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for MASPONS INVESTMENTS, LLLP, a Florida limited liability limited partnership in the foregoing Certificate of Limited Partnership for Florida Limited Liability Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT

ATRIUM REGISTERED AGENTS, PAC.

Kobet d. Stanen

BY:

ROBERT A. STAMEN, Vice President