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2006 JUN 15 P 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

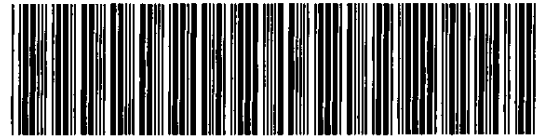
(Document Number)

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06/15/06--01052--008 **1061.25

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COVER LETTER

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TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: **OLA TAMIAMI OFFICE CENTER, 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:

Adib Eden

(Contact Person)

Ola Tamiami General, LLC

(Firm/Company)

13081 S.W. 133rd Court

(Address)

Miami, FL 33186

(City, State and Zip Code)

For further information concerning this matter, please call:

Anthony T. Lepore

(Name of Contact Person)

at (

954) **433-2126**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$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

CR2E030 (01/06)

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. OLA TAMIAMI OFFICE CENTER, 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. 13081 S.W. 133rd Court

(Street address of initial designated office)

Miami, FL 33186

3. Adib Eden

(Name of Registered Agent for Service of Process)

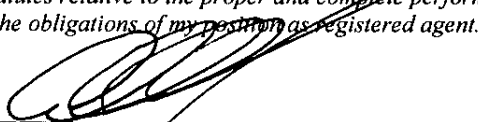
4. 13081 S.W. 133rd Court

(Florida street address for Registered Agent)

Miami, FL 33186

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.*

X



Signature of Registered Agent

6. 13081 S.W. 133rd Court

(Mailing address of initial designated office)

Miami, FL 33186

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

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SECRET
STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Ola Tamiami General, LLC 13081 S.W. 133rd Court
Miami, FL 33186

606-58408

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 9 day of June, 2006

Signature of each general partner:

OLA TAMIAMI GENERAL LLC

x

ADZB EDEN, MANAGING MEMBER

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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