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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONEFISH CAY, 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:

Sandy S Segall

(Contact Person)

Keys Properties, LLC

(Firm/Company)

1851 N. W. 125th Avenue, Suite 300

(Address)

Pembroke Pines, FL 33028

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Michael E. Zealy, Sr.

(Name of Contact Person)

at (954) 817.3016

(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

CR2E030 (01/06)

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

1. BONEFISH CAY, 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. 1851 N. W. 125th Avenue, Suite 300

(Street address of initial designated office)

Pembroke Pines, FL 33028

3. Sandy S Segall


(Name of Registered Agent for Service of Process)

4. 1851 N. W. 125th Avenue, Suite 300

(Florida street address for Registered Agent)

Pembroke Pines, FL 33028

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. 1851 N. W. 125th Avenue, Suite 300

(Mailing address of initial designated office)

Pembroke Pines, FL 33028

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:

BONEFISH CAY, INC.

1851 N. W. 125th Avenue, Suite 300

Pembroke Pines, FL 33028

Doc-102804

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TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: August 10, 2006

(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 7th day of August, 2006

Signature of each general partner:

BONEFISH CAY, INC.

By *[Signature]*
Norman R. Wartman, President
Sandy Segall, Vice Pres

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75