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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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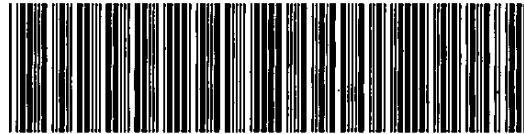
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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A06-1014  
OK

ENRIQUE A. DE LA PAZ  
Attorney at Law  
1000 PONCE DE LEON BLVD., SUITE 323  
CORAL GABLES, FLORIDA 33134  
(305) 885-0996

August 10, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Chianese Family Limited Partnership

Dear Sir or Madam:

The enclosed Certificate of Limited Partnership and fees are submitted for filing. The original  
and a copy of the Certificate are enclosed.

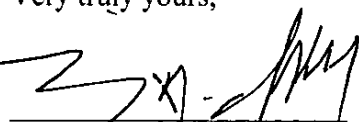
Please return all correspondence concerning this matter to:

ENRIQUE A. DE LA PAZ  
Attorney at Law  
1000 Ponce De Leon Blvd., Suite 323  
Coral Gables, Florida 33134  
(305) 885-0996

For further information concerning this matter, please call Enrique A. DelaPaz, Esq. at 305-885-0996.

Enclosed is a check for the following amount: \$1,061.25 for filing fees, certified copy, and Certificate of Status.

Very truly yours,

  
Enrique A. DelaPaz, Esq.  
FBN: 0599931

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TALLAHASSEE, FLORIDA

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

1. Chianese 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. 648 Cypress Way, East, Naples, FL 34110 (Street address of initial designated office)

3. Scott Dascani (Name of Registered Agent for Service of Process)

4. 1786 Trade Center Way, Suite 2, Naples, Florida 34109 (Florida street address for Registered Agent)

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. 648 Cypress Way, East, Naples, FL 34110 (Mailing Address of initial designated office)

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:

Vincent Chianese

648 Cypress Way, East, Naples, FL 34110

9. Effective date, if other than the date of filing: NA

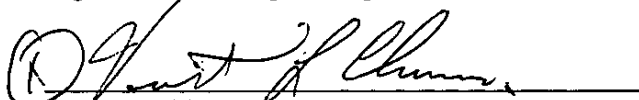
(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

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Signed this 18<sup>th</sup> day of July, 2006.

Signature of each general partner:

  
Vincent Chianese

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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