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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002172
Phone : (954) 966 2112
Fax Number : (954) 981-1605

FLORIDA/FOREIGN LP/LLP

ZOYA THREE, LLLP

10/5

RECEIVED
06 OCT -4 AM 11:57
DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOYA THREE, 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:

MITCHELL F. GREEN, ESQ.

(Contact Person)

(Firm/Company)

4000 Hollywood Blvd., Suite 485S

(Address)

Hollywood, FL 33021

(City, State and Zip Code)

For further information concerning this matter, please call:

Mitchell F. Green

(Name of Contact Person)

at (

954) 966-2112

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registration 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

CR2E030 (01/06)

MAILING ADDRESS:

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

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

1. ZOYA THREE, LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must be followed by "LLP")
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P., or LLP

2. 10001 N.W. 50th Street, #W2

(Street address of initial designated office)

Sunrise, Florida 33351

3. MITCHELL F. GREEN, ESQ.

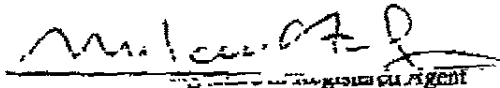
(Name of Registered Agent for Service of Process)

4. 1000 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.*



 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 ☒

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8. Name and business address of each general partner:

Name:

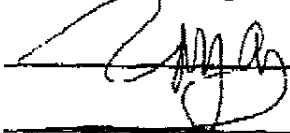
Business Address:

ZOYA HAJIANPOUR10001 N.W. 50th Street, #W2Sunrise, Florida 33351

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 28th day of September, 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)

\$22.50

\$8.75

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