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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954)966-2112
Fax Number : (954)981-1605

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP
COPANOS INVESTMENTS HOLDINGS, LLLP

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COPANOS INVESTMENTS HOLDINGS, 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 at (954) 966-2112
(Name of Contact Person) (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

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

1. COPANOS INVESTMENTS HOLDINGS, 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. 1 N. Ocean Boulevard, Unit 1802

(Street address of initial designated office)

Fort Lauderdale, FL 33301

3. MITCHELL F. GREEN, ESQ.

(Name of Registered Agent for Service of Process)

4. 4000 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.



Signature of Registered Agent

6. 1 N. Ocean Boulevard, Unit 1802

(Mailing address of initial designated office)

Fort Lauderdale, FL 33301

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:

John Copanos

1 N. Ocean Blvd., Unit 1802

Fort Lauderdale, FL 33301

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 8th day of November, 2006

Signature of each general partner:

John Copanos

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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