

DEC. 14. 2006 10:31AM

GUTTENMACHER&BOHATCH, BARI-BURCH

NO. 7981 P. 1 of 1

Audit Number

A060000001476

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000294935 3)))



H060002949353ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

SSM

From:

Account Name : GUTTENMACHER, BOHATCH & BARTNAGA-BURCH, P.A.

Account Number : I19990000159

Phone : (305) 666-1040

Fax Number : (305) 666-1020

RECEIVED

06 DEC 14 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP

JILAK, LP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$1,052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 14 PM 12:50

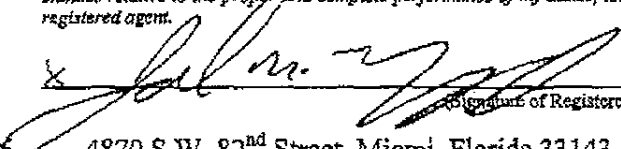
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. JILAK, LP
(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. 4870 S.W. 82nd Street, Miami, Florida 33143
(Street address of initial designated office)
3. John H. Malloy
(Name of Registered Agent for Service of Process)
4. 4870 S.W. 82nd Street, Miami, Florida 33143
(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. 4870 S.W. 82nd Street, Miami, Florida 33143
(Mailing address of initial designated office)

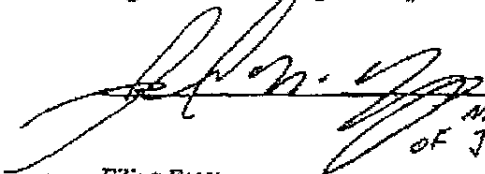
7. If the limited partnership elects to be a limited liability partnership, check box ☐
8. Name and business address of each general partner:

Name:
Jilak, LLC

Business Address:
4870 S.W. 82nd Street, Miami, FL 33143

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 30 day of November, 2006.

Signature of each general partner:


MANAGER
OF JILAK, LLC

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

FILED
06 DEC 14 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA