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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIPLE J FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
(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:

Jennifer Perez  
(Contact Person)  
Jonathan H. Green & Associates, P.A.  
(Firm/Company)  
799 Brickell Plaza , Suite 700  
(Address)  
Miami, FL 33131  
(City, State and Zip Code)

For further information concerning this matter, please call:

Jennifer Perez at ( 305 ) 372-5100  
(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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TALLAHASSEE, FLORIDA

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**JONATHAN H. GREEN**  
*&*  
**ASSOCIATES, P. A.**

JONATHAN H. GREEN  
JHG@JHGLAW.COM

JAIME D. LEVINE  
JDL@JHGLAW.COM

NICOLE VAAGENES  
NV@JHGLAW.COM

799 BRICKELL PLAZA  
SUITE 700  
MIAMI, FLORIDA 33131

TELEPHONE: 305-372-5100  
FACSIMILE: 305-372-9600

January 26, 2007

*Via First Class Mail*

Marsha Thomas, Document Specialist  
FL DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: REF. NUMBER W07000001400**

Dear Ms. Thomas:

Enclosed please find the Certificate of Limited Partnership for the Three J Family Limited Liability Limited Partnership, along with a copy of the letter dated January 10, 2007.

Should you require any further documents, please contact our office. Thank you in advance for your assistance in this matter.

Sincerely,

  
SANDRA L. ZABIELINSKI

Enclosure

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2007

JENNIFER PEREZ  
JONATHAN H GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131

SUBJECT: TRIPLE J FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP  
Ref. Number: W07000001400

We have received your document for TRIPLE J FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 907A00002115

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF LIMITED PARTNERSHIP FOR  
THREE J FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

**THIS CERTIFICATE** is duly executed and filed pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as amended (the "Act"), in order to form a limited partnership under the Act.

(a) **Name.** The name of the subject limited partnership is the THREE J FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").

(b) **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

5025 SW 62 Ave  
Miami, FL 33155

**Registered Agent; Registered Office.** The name and address of the agent for service of process on the Partnership required to be maintained under the Act are:

Jonathan H. Green & Associates, P.A.  
799 Brickell Plaza, Suite 700  
Miami, FL 33131

(c) **General Partner.** The names and business address of the General Partner(s) are:

JAVIER CERVERA  
5025 SW 62 Ave  
Miami, Florida 33155

(d) **Mailing Address.** The mailing address of the Partnership is:

5025 SW 62 Ave  
Miami, Florida 33155

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TALLAHASSEE, FLORIDA

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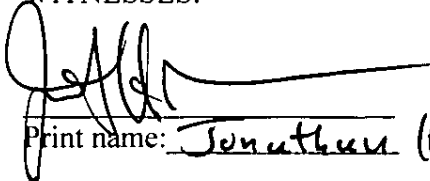
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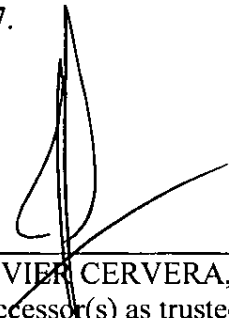
- (e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2055.
- (f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box .

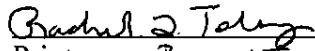
IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 25 day of January, 2007.

WITNESSES:

  
Print name: Jonathan H. Green

By:   
JAVIER CERVERA, trustee, his  
successor(s) as trustee(s), of the  
JAVIER CERVERA REVOCABLE  
LIVING TRUST, dated November 8,  
2006, General Partner

  
Print name: Rachel Tolley

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