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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -5 AM 11:00

LAW OFFICES
WEINER, CUMMINGS & VITTORIA
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
4TH FLOOR
1428 BRICKELL AVENUE
MIAMI, FLORIDA 33131

WEINER & CUMMINGS, P.A.

PAUL M. CUMMINGS**
LAWRENCE WEINER*
BETH MOSKOWITZ LAZAR*****
BLAS I. CUETO**

JANE M. WEINER** OF COUNSEL
VITTORIA & PURDY, LLP
THEODORE J. VITTORIA, JR.***
JAMES A. PURDY*****

* ADMITTED IN FL AND PA ONLY
** ADMITTED IN FL ONLY
*** ADMITTED IN NY ONLY
**** ADMITTED IN NY AND TN ONLY
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February 28, 2007

TELEPHONE
(305) 371-7800
FACSIMILE
(305) 371-3226
weiner_cummings@aol.com

NEW YORK OFFICE:
ROCKEFELLER CENTER
630 FIFTH AVENUE
NEW YORK, NY 10111
(212) 489-8104

New website:
www.wcvlaw.com

Secretary of State
P.O. Box 6327
Tallahassee, FL 32314
Attn: Registration Section

Re: ROBINS PLAZA FAMILY PARTNERSHIP, LTD.

Dear Sir or Madam:

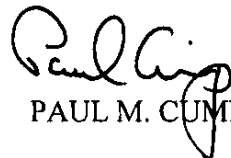
In connection with the formation of the above named limited partnership with the State of Florida, enclosed are the following:

1. Certificate of Limited Partnership;
2. Our firm's check in the amount of \$1,052.50 for the filing fee, Registered Agent Fee and fee for certified copy.

Upon filing, please mail to us a certified copy of the Certificate of Limited Partnership.

If you need any additional information or documentation to complete this filing, please contact the undersigned at the above Miami address.

Very truly yours,


PAUL M. CUMMINGS

PMC/efs
Enclosures

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ROBINS PLAZA FAMILY PARTNERSHIP, LTD.**

1. **ROBINS PLAZA FAMILY PARTNERSHIP, LTD.**

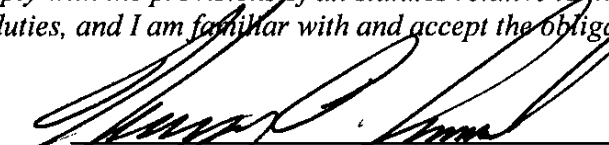
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix).
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 5926 South Dixie Highway, South Miami, Florida 33143
(Street address of initial designated office)

3. Harvey Amster
(Name of Registered Agent for Service of Process)

4. 5926 South Dixie Highway, South 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. 5926 South Dixie Highway, South Miami, Florida 33143
(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:

H & E PLAZA, L.L.C.

5926 South Dixie Highway
South Miami, FL 33143

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 MAR -5 AM 11:00

(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 19th day of February, 2007.

Signature of each general partner:

H & E PLAZA, L.L.C.

By: 

Harvey Amster

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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