

A070000000681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



600101811256

05/09/07--01015--018 **1000.00

07 MAY - 9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI TAPAS 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:

ALLISON GREENFIELD

(Contact Person)

MIAMI TAPAS LLLP

(Firm/Company)

240 SOUTH SHORE DRIVE

(Address)

MIAMI BEACH, FL 33141

(City, State and Zip Code)

FILED
07 MAY - 9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ELLIOT L. SCHAEFFER

(Name of Contact Person)

at (212) 279-3467

(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

CR2E030 (01/06)

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

1. MIAMI TAPAS 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. 1295 NE 1ST AVENUE

(Street address of initial designated office)

MIAMI, FL 33132-1502

3. ALLISON GREENFIELD

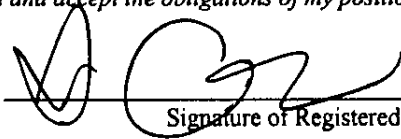
(Name of Registered Agent for Service of Process)

4. 240 SOUTH SHORE DRIVE

(Florida street address for Registered Agent)

MIAMI BEACH, FL 33141

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. 1295 NE 1ST AVENUE

(Mailing address of initial designated office)

MIAMI, FL 33132-1502

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

FILED
107 MAY -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

ALLISON GREENFIELD

240 SOUTH SHORE DRIVE

MIAMI BEACH, FL 33141

OPHIR STERNBERG

240 SOUTH SHORE DRIVE

MIAMI BEACH, FL 33141

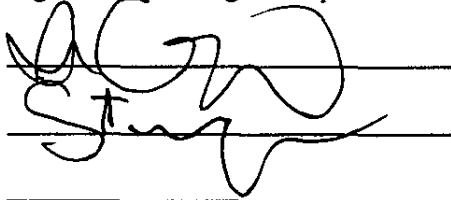
FILED
07 MAY - 9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 5 day of MAY, 2007

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)

\$52.50

\$8.75

Page 2 of 2