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TALLAHASSEE, FLORIDA

**ARMANDO A. PEREZ, ESQ.**

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May 30, 2007

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Our client: The Florencio Suarez Family Limited Partnership

Gentlemen:

Attached please find the Certificate of Limited Partnership of THE FLORENCIO SUAREZ FAMILY LIMITED PARTNERSHIP and the Affidavit of Capital Contributions along with our check for \$1,008.75 to cover the \$965.00 filing fee, \$35.00 Registered Agent Fee, and Certificate of Status.

If any additional information, monies and/or documentation is required please call this office collect to expedite this matter.

Your anticipated cooperation is most appreciated.

Sincerely,



Armando A. Perez, Esq.

AAP/mbd  
Enclosure

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

1. THE FLORENCIO SUAREZ FAMILY LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability 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. 2901 S.W. 19th Terrace, Miami, FL 33145  
(Street address of initial designated office)

3. FLORENCIO SUAREZ  
(Name of Registered Agent for Service of Process)

4. 2901 S.W. 19th Terrace, Miami, FL 33145  
(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.

*Florencio Suarez*  
Signature of Registered Agent

6. 2901 S.W. 19th Terrace, Miami, FL 33145  
(Mailing Address of initial designated office)

7. If limited partnership elects to be a limited liability  
limited partnership, check here \_\_\_\_\_.

8. Name and business address of each general partner:  
Name: Business Address:

|                         |                               |
|-------------------------|-------------------------------|
| <u>FLORENCIO SUAREZ</u> | <u>2901 S.W. 19th Terrace</u> |
|                         | <u>Miami, Florida 33145</u>   |

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.)

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Signed this 30<sup>th</sup> day of May, 2007.

Signature of each general partner:

Florencio Suarez  
FLORENCIO SUAREZ, General Partner

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