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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: M 4 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: Sandra L. Zabielinski (Contact Person) Jonathan H. Green & Associates, P.A. (Firm/Company) 799 Brickell Plaza, Suite 700 (Address) Miami, Florida 33131 (City, State and Zip Code) For further information concerning this matter, please call: at (305) 372-5100 (Area Code and Daytime Telephone Number) Sandra L. Zabielinski (Name of Contact Person) Enclosed is a check for the following amount: \$1,000.00 Filing Fees \$\int \$1,008.75 Filing Fees \$\int \$1,052.50 Filing Fees \$\int \$1,061.25 Filing Fees, Certified Copy, and and Certified Copy (\$965 Filing Fee and and Certificate of Certificate of Status \$35 Registered Agent Status Fee) **MAILING ADDRESS:** STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP

OF THE

M 4 FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
O7 SEP - 5 AM 9: 4.4

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 M 4 FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

5812 Tallowood Circle Ft. Myers, FL 33919

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) <u>General Partner</u>. The names and business address of the General Partner(s) are:

Milton F. Larrea

5812 Tallowood Circle
Tr. Myers. FL 33919

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

5812 Tallowood Circle Ft. Myers, FL 33919

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve is December 31, 2037.

(f) <u>Election</u>. 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 31st day of August	, 2007.
WITNESSES:	
Print name: Sandra L. Pabielinshi	MILTON F. LARREA, General Partner
JAHI .	
Print name: Jon Where H-6	1884

CONSENT TO SERVE AS REGISTERED AGENT

OT SEP-5 AM 9: 41

FOR THE

M 4 FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for the M 4 FAMILY LIMITED LIABILITY LIMITED

PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: August 3] , 2007.

JONATHAN H. GREEN & ASSOCIATES, P.A.

a Florida Corporation

JONATHAN H. GREEN