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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: THREE BROTHERS 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:

PATRICIA E. ALECIO
(Contact Person)

JONATHAN H. GREEN P.A.
(Firm/Company)

799 BRICKELL PLAZA, SUITE 700

PATRICIA E. ALECIO
(Contact Person)

JONATHAN H. GREEN 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:

PATRICIA E. ALECIO
(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$1,000.00 Filing Fees \$\int \\$1,008.75 Filing Fees \quad \\$1,052.50 Filing Fees \quad \\$1,061.25 Filing Fees, and Certified Copy \quad \\$35 Registered Agent Status

\$1,000.00 Filing Fees \quad \\$1,061.25 Filing Fees, and Certified Copy \quad \text{Certified Copy, and Certificate of Status}

### STREET ADDRESS:

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

CR2E030 (01/06)

### **MAILING ADDRESS:**

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

# CERTIFICATE OF LIMITED PARTNERSHIP

### OF THE

# THREE BROTHERS 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 BROTHERS 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:

21802 SW 134 Avenue Miami, Florida 33170

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:

# **NEIL PERELLO**

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

21802 SW 134 Avenue Miami, Florida 33170

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve is December 31, 2055.

(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 4 day of 500mber, 2007.

WITNESSES:

Print name:

NEIL PERELLO, General Partner

Print name: Junuthul H- Green

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SECRETARY OF STATE

# CONSENT TO SERVE AS REGISTERED AGENT

# FOR THE

# THREE BROTHERS 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 THREE BROTHERS 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 accepted the of gation of the undersigned's position as said registered agent.

Dated: September 14th, 2007.

JONATHAN H. GREEN & SOC ATES, P.A.

a Florida Corporation

ΓΗΑΝ Η. GREEN