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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

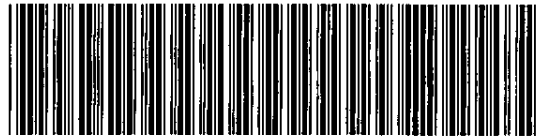
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA.

A07-1240  
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**ARMANDO A. PEREZ, ESQ.**

Attorneys and Counselors at Law  
701 S.W. 27th Avenue  
InterAmerican Plaza, Suite 1205  
Miami, Florida 33135  
Telephone (305) 644-3009  
Fax (305) 642-0500

November 1, 2007

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

Re: Our client: The Julio A. Toledo Family Limited Partnership

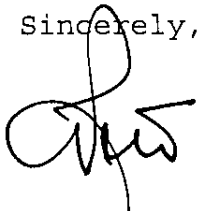
Gentlemen:

Attached please find the Certificate of Limited Partnership of THE JULIO A. TOLEDO 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 \$8.75 Certificate of Status fee.

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.

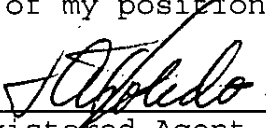
AAP/mbd  
Enclosure

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TALLAHASSEE, FLORIDA

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

1. THE JULIO A. TOLEDO 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. 1901 S.W. 59th Avenue, Miami, FL 33155  
(Street address of initial designated office)
3. JULIO A. TOLEDO  
(Name of Registered Agent for Service of Process)
4. 1901 S.W. 59th Avenue, Miami, FL 33155  
(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. 1901 S.W. 59th Avenue, Miami, FL 33155  
(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:

<u>Name:</u>	<u>Business Address:</u>
<u>JULIO A. TOLEDO</u>	<u>1901 S.W. 59th Ave., Miami, FL 33155</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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TALLAHASSEE, FLORIDA  
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Signed this 29 day of october, 2007.

Signature of each general partner:

  
\_\_\_\_\_  
JULIO A. TOLEDO, General Partner

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TALLAHASSEE, FLORIDA