

A07000001287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DONAL Building F-2 DEVELOPMENT, LTD.  
(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:

PAUL F. ANQUERMA, ESQ.  
(Contact Person)

PAUL F. ANQUERMA, P.A.  
(Firm/Company)

8433 W. OKEECHOBEE RD  
(Address)

MIAMI GARDENS, FL 33016  
(City, State and Zip Code)

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For further information concerning this matter, please call:

PAUL F. ANQUERMA at (305) 822-8000 X25  
(Name of Contact Person) (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. DORAL BUILDING F-2 DEVELOPMENT, LTD.

(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. 8433 W. OKEECHOBEE ROAD  
(Street address of initial designated office)

HIWLEAH GARDENS, FL 33016

3. PABLO J. VALDES  
(Name of Registered Agent for Service of Process)

4. 8433 W. OKEECHOBEE ROAD  
(Florida street address for Registered Agent)

HIWLEAH GARDENS, FL 33016

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]  
Signature of Registered Agent

6. 8433 W. OKEECHOBEE ROAD  
(Mailing address of initial designated office)

HIWLEAH GARDENS, FL 33016

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

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8. Name and business address of each general partner:

Name:

Business Address:

Doral Building F-2, Inc. 8433 W. Okeechobee Road  
Hiwaka Gardens, FL 33016  
P07000065389

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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 \_\_\_\_\_ day of \_\_\_\_\_.

Signature of each general partner:

X [Signature] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fees:

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

**\$52.50**

Certificate of Status (optional):

**\$8.75**