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(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



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EXAMINER



Sonstate Research Requester's Name	arch
Address City/State/Zip Phone #	5454 ### ### ###########################
CORPORATION NAME(S) & DOCU	
2. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #) { (Document #)
Walk in Pick up time Wall out Will wait	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Liability Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

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

FINKELSTEIN FAMILY LLLP

(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.

17842 Argyli Terrace
(Street address of initial designated office)
Boca Raton, FL 33496
Edward S. Finkelstein
(Name of Registered Agent for Service of Process)
17842 Argyll Terrace
(Florida street address for Registered Agent)
Boca Raton, FL 33496
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent. Signature of Registered Agent
17842 Argyll Terrace
(Mailing address of initial designated office)
Boca Raton, FL 33496

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

8. Name and business address of ea Name:	ich general partner: Business A	ddress:		
Finkelstein Family LLC	17842 A	17842 Argyll Terrace		
MOX 00 000085 (Boca Rat	ton, FL 33496		
9. Effective date, if other than the date of t	filing:			
(Effective date cannot be prior to no filed by the Florida Department of S		after the date the document is		
Signed this 31st day of	January of	2008		
Signature of each general partner:				
manager,				
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 File \$52.50 \$8.75 Page 2 of 2	ing Fee and \$35 Registered Agent Fee)		

Finkelstein Family LLLP 17842 Argyll Terrace Boca Raton, FL 33496

WELDHY SEEL ON 10 A

February 7, 2008

Florida Department of State Corporate Division Tallahassee, FL 32301

Re: <u>Finkelstein Family LLLP</u>

Dear Sir/Madam:

The undersigned is the Manager of Finkelstein Family LLC, the General Partner of the above-referenced Delaware limited partnership. We are aware that the limited partnership proposes to be qualified to transact business in Florida under the name Finkelstein Family LLLP.

We have no objection to the limited partnership being qualified to transact business in Florida under that name.

Edward S. Finkelstein, Manager

Finkelstein Family LLC