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DIVISION OF CORPORATIONS  
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J. BRYAN

APR 18 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMN 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 Green

(Contact Person)

Jonathan H. Green & Associates, P.A.

(Firm/Company)

799 Brickell Plaza, Ste. 700

(Address)

Miami, Florida 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Sandra Green at ( 305 ) 372-5100

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees and Certificate of Status  
(\$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

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

8514 NW 165<sup>th</sup> Terrace  
Miami Lakes, Florida 33016

**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) **General Partner.** The names and business address of the General Partner(s) are:

JOSE C. FERRER  
MAGDALIA FERRER

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

8514 NW 165<sup>th</sup> Terrace  
Miami Lakes, Florida 33016

- (e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2055.

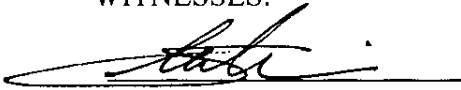
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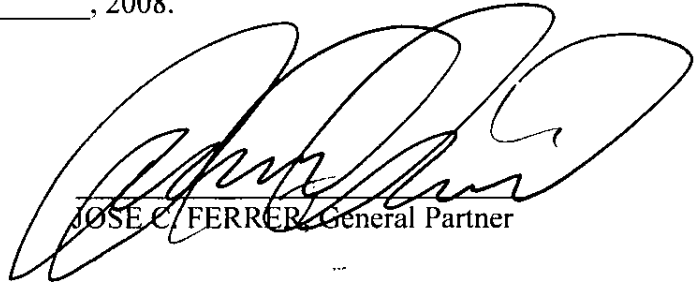
- (f) Election. If limited partnership elects to be a limited liability limited partnership, check box ☒


IN WITNESS WHEREOF, the general partner has duly executed this

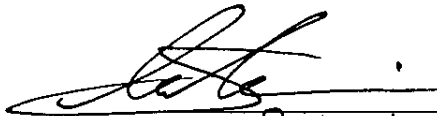
Certificate, this 1<sup>st</sup> day of APRIL, 2008.


WITNESSES:


  
Print name: \_\_\_\_\_

  
JOSE C. FERRER, General Partner

  
Print name: Rachel Tolly

  
Print name: Sandra L. Zabelinski

  
MIGDALIA FERRER, General Partner

  
Print name: Rachel Tolly

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**CONSENT TO SERVE AS REGISTERED AGENT**

**FOR THE**

**JMN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

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Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the JMN 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: APRIL 1st, 2008.

JONATHAN H. GREEN & ASSOCIATES, P.A.  
a Florida Corporation

By \_\_\_\_\_

JONATHAN H. GREEN