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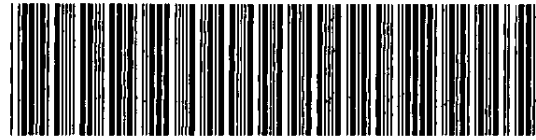
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TALLAHASSEE, FLORIDA

2008 JUL 14 PM 1:55

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T. CLINE

JUL 15 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALGAR FLLLP

(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:

Ann J. Zabelinski

(Contact Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.

(Firm/Company)

799 Brickell Plaza, Suite 700

(Address)

Miami, Florida 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Ann J. Zabelinski

(Name of Contact Person)

at (305) 372-5100

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

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)

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CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
PALGAR 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 PALGAR 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:

255 University Drive
Coral Gables, FL 33134

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 name of the General Partner(s) is:

CMG FAMILY MANAGEMENT, LLC

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

255 University Drive
Coral Gables, FL 33134

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

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2000 JUL 14 PM 1:55
STATE OF FLORIDA
CLERK OF CIRCUIT COURT

608-68057

- (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 10th day of July, 2008.

WITNESSES:

CMG FAMILY MANAGEMENT, LLC,
General Partner

[Signature]
Print name: Rachel Tolley

By: [Signature]
OSCAR GARCIA, Member/Manager

[Signature]
Print name: Elizabeth Comuelin

[Signature]
Print name: RONNIE HORRUTNER

By: [Signature]
ICER PALACIO, Member/Manager

[Signature]
Print name: REY PALACIO

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CLERK OF STATE
TALLAHASSEE, FLORIDA