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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Zabielinski
(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. Zabielinski 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 ($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

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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

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

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TALLAHASSEE, FLORIDA

(c) **General Partner.** The name of the General Partner(s) is:

CMG FAMILY MANAGEMENT, LLC

L08-68057

(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.

(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:

Print name: Ronald Tolley

Print name: Elizabeth Crommelin

Print name: Ronnie Horruitiner

Print name: Rely Palacio

CMG FAMILY MANAGEMENT, LLC,
General Partner

By: _____
OSCAR GARCIA, Member/Manager

By: _____
ICER PALACIO, Member/Manager

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TALLAHASSEE, FLORIDA