

A080000000674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

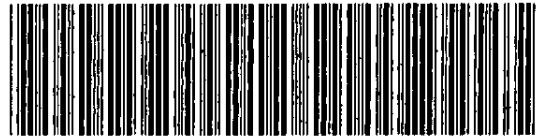
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200131063052

07/14/08--01037--024 \*\*2250.00

FILED  
2008 JUL 14 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL 15 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMG 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:

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)

FILED  
2008 JUL 14 PM 1:57  
TALLAHASSEE  
STATE OF FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF THE**  
**CMG 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 CMG 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.

FILED  
2000 JUL 14 PM 1:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

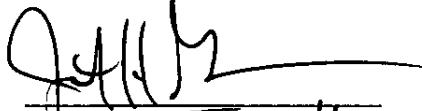
608-68057

(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 10<sup>th</sup> day of July, 2008.

WITNESSES:



Print name: Jonathan H. Green



Print name: Elizabeth Crommelin

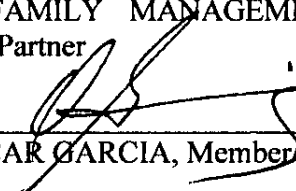


Print name: BONNIE HORVATH



Print name: ICER PALACIO

CMG FAMILY MANAGEMENT, LLC,  
General Partner

By:   
OSCAR GARCIA, Member/Manager

By:   
ICER PALACIO, Member/Manager

2008 JUL 14 PM 1:57  
STATE OF FLORIDA  
FILED

FILED