

A 080000000769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

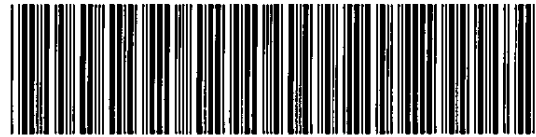
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W08-39780

Office Use Only



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08/26/08--01003--007 **1061.25

08 AUG 26 PM 1:05
SECURITY UNIT OF STATE
TALLAHASSEE, FLORIDA

FILED

08 AUG 26 AM 10:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED

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TALLAHASSEE, FLORIDA

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B. KOHR

AUG 28 2008

EXAMINER

Sonstate Research
Requester's Name

Address

City/State/Zip 6565454 Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. De Zarraga Family Limited
(Corporation Name) (Document #)
2. Partnership
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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08 AUG 26 PM 1:05
TALLAHASSEE, FLORIDA

filed

- Walk in Pick up time
- Mail out Will wait
- Photocopy
- 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 Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2008

SUNSTATE RESEARCH

SUBJECT: DE ZARRAGE FAMILY LIMITED PARTNERSHIP
Ref. Number: W08000039780

*Rooub -
Please have
dated 08/26/08
Thanks!*

We have received your document for DE ZARRAGE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 508A00047507

08 AUG 26 PM 1:05
FILED
TALLAHASSEE FLORIDA
DIVISION OF STATE

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

FILED
00 AUG 26 PM 1:05
TALLAHASSEE, FLORIDA

1. DE ZARRAGA FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffixes:
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.
or LLLP.*

2. 8520 S.W. 53rd Avenue, Miami, Florida 33143

(Street address of initial designated office)

3. Anthony T. Golden

(Name of Registered Agent for Service of Process)

4. c/o Shutts & Bowen LLP, 201 South Biscayne Boulevard, Suite 1600

(Florida street address for Registered Agent)

Miami, Florida 33131

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*


Signature of Registered Agent

6. 8520 S.W. 53rd Avenue, Miami, Florida 33143

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

DE ZARRAGA FAMILY MANAGEMENT COMPANY, LLC

8520 S.W. 53rd Avenue

L08000081294

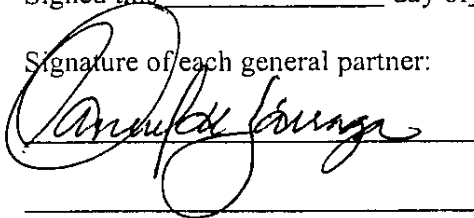
Miami, Florida 33143

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 15 day of August, 2008.

Signature of each general partner:



Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75