

ALLAN ROSE FLOIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEVON DAVIDSON/PAZ TAN FAMILY 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:

DEVON DAVIDSON

(Contact Person)

(Firm/Company)

2200 NE 199 STREET.

(Address)

MIAMI, FLORIDA 33180

(City, State and Zip Code)

For further information concerning this matter, please call:

DEVON DAVIDSON

(Name of Contact Person)

at ( 305 ) 303-5178

(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

**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  
DEVON DAVIDSON/PAZ TAN FAMILY  
LIMITED PARTNERSHIP**

The undersigned, desiring to organize and establish a limited partnership company pursuant to the laws of the State of FLORIDA, does execute this Certificate of Limited Partnership this 15 day of JANUARY, 2009.

**ARTICLE I  
NAME**

The name of the limited partnership is **DEVON DAVIDSON/PAZ TAN FAMILY LIMITED PARTNERSHIP**.

**ARTICLE II  
DURATION**

The period of duration for this limited partnership is 25 years from the date of filing the Certificate of Limited Partnership with the appropriate state filing office, unless extended and/or sooner dissolved by the members or as provided by state law.

**ARTICLE III  
PURPOSE**

The purpose for which this limited partnership is organized is to **FOR ANY LEGAL PURPOSE** and to otherwise perform any lawful purpose related thereto.

**ARTICLE IV  
GENERAL PARTNERS**

General Partners:

**YOU TELL US INC.**

DOC# P07000127547

**ARTICLE V  
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the limited partnership is 2200 NE 199 STREET MIAMI, FLORIDA 33180.

FILED  
09 JAN 23 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## **ARTICLE VI REGISTERED AGENT & OFFICE**

The name of the limited partnership's registered agent, who's Acceptance of Appointment as Registered Agent is included with these Articles, is **DEVON DAVIDSON** and the address of the registered office and principal place of business within the State of FLORIDA is 2200 NE 199 ST. MIAMI, FLORIDA 33180.

## **ARTICLE VII LIMITED PARTNERS**

Limited Partners:

Address:

**DEVON DAVIDSON TRUST**      2200 NE 199 ST. MIAMI, FLORIDA 33180

**PAZ A. TAN TRUST**      2200 NE 199 ST MIAMI, FLORIDA 33180

## **ARTICLE VIII ADMISSION OF ADDITIONAL PARTNERS**

Additional partners may be admitted to this limited partnership only with and upon such terms as are set forth in the Limited Partnership Agreement.

## **ARTICLE IX CONTINUATION**

The remaining members of this limited partnership may, by unanimous vote, exercise the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a partner or occurrence of any other event, which terminates the continued membership of a partner in this limited partnership.

## **ARTICLE X MANAGEMENT**

The business of the limited partnership shall be conducted under the exclusive management of its general partner(s) who shall have exclusive authority to act for the limited partnership in all matters. Partners cannot enter into a Business Dissolution Consent Agreement, except upon compliance with and satisfaction of any laws, statutes, regulations, and rules of the State of FLORIDA and the Limited Partnership Agreement.

## **ARTICLE XI ORGANIZER**

The name and address of the organizer of this Limited Partnership is/are:

**DEVON DAVIDSON: 2200 NE 199 ST. MIAMI, FLORIDA 33180.**

**IN WITNESS WHEREOF**, the Organizer has caused this Certificate of Limited

Partnership to be executed this 15 day of Jan, 200.9

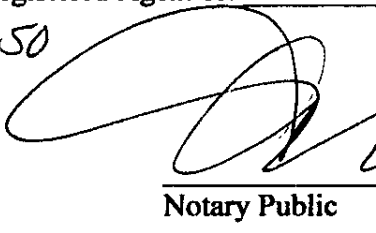
  
Signature of Organizer

**ACCEPTANCE OF APPOINTMENT AS  
REGISTERED AGENT**

I, DEVON DAVIDSON, accept appointment as registered agent for and on behalf of  
DEVON DAVIDSON/PAZ TAN FAMILY LIMITED PARTNERSHIP, and affirm that I am  
familiar with, and shall comply with, all of the duties of a registered agent.

  
Signature of Registered Agent

Subscribed, sworn to, and executed before me this 15 day of Jan  
2009 by, Devon Davidson Registered Agent of:  
FL ID D132172582850

  
NOTARY PUBLIC - STATE OF FLORIDA  
A. Munoz  
Commission #DD631668  
Expires: MAR. 09, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.

Notary Public

15337 SW 43 LT  
Residing At

3/9/11  
My Commission Expires

FILED  
09 JAN 23 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA