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(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:

A. LUNT

FEB 18 2009

EXAMINER

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DiFalco & Fernandez, LLLP

(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:

Federico E. Fernandez, Esq.

(Contact Person)

DiFalco & Fernandez, LLLP

(Firm/Company)

3310 Ponce de Leon Blvd.

(Address)

Coral Gables, Florida, 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

Federico E. Fernandez, Esq. at (305) 569-9800

(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

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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TALLAHASSEE, FLORIDA
DEPT. OF STATE

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

1. DiFalco & Fernandez, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
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.P.
or LLLP.*

2. 3301 Ponce de Leon Blvd., Suite 200

(Street address of initial designated office)

Coral Gables, Florida, 33134

3. Federico E. Fernandez, esq.

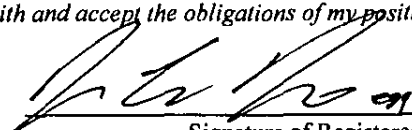
(Name of Registered Agent for Service of Process)

4. 836 Sistina Ave

(Florida street address for Registered Agent)

Coral Gables, Florida 33146

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. 3301 Ponce de Leon Blvd., Suite 200

(Mailing address of initial designated office)

Coral Gables, Florida, 33134

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

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

Federico E. Fernandez

836 Sistina Ave

Coral Gables, Florida

33146

Christophe L. DiFalco

4000 Towerside Terrace

Unit 1502

Miami, Florida

33138

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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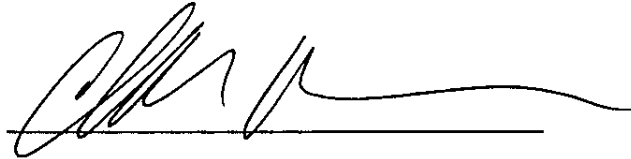
9. Effective date, if other than the date of filing: _____.

(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 Thirteenth day of February, 2009.

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