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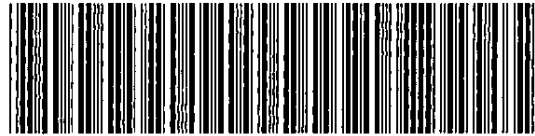
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 20 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADRILYNN 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:

Greta P. Lozada

Contact Person

Jonathan H. Green & Associates, P.A.

Firm/Company

799 Brickell Plaza, Suite 700

Address

Miami, Florida 33131

City, State and Zip Code

gpl@jhglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greta P. Lozada

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

**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

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF THE**  
**ADRILYNN 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 ADRILYNN 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:

17504 SW 245 Terrace  
Homestead, Florida 33031

**Registered Agent; Registered Office.** The name and address of the 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 names and business address of the General Partner(s) are:

JOSE FERNANDEZ  
SUSAN FERNANDEZ

- (d) **Mailing Address.** The mailing address of the Partnership is:

17504 SW 245 Terrace  
Homestead, Florida 33031

- (e) **Term.** The latest date upon which the Partnership is to dissolve is December 31, 2055.

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- (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 13 day of August, 2009.

WITNESSES:

Miriam Toledo  
Print name: Miriam Toledo

JOSE FERNANDEZ, General Partner

Jonathan H. Green  
Print name: Jonathan H. Green

Jonathan H. Green  
Print name: Jonathan H. Green

SUSAN FERNANDEZ, General Partner

Miriam Toledo  
Print name: Miriam Toledo

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TALAMON  
SECRETARY OF STATE  
STATE OF FLORIDA

**CONSENT TO SERVE AS REGISTERED AGENT**

**FOR THE**

**ADRILYNN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, the ADRILYNN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further agrees to comply with the provisions of all Florida statutes relative to the proper and complete performance of the undersigned's duties, and hereby acknowledges that the undersigned is familiar with and accepts the obligation of the undersigned's position as said registered agent.

Dated: August 13, 2009.

JONATHAN H. GREEN & ASSOCIATES, P.A.  
a Florida Corporation

By \_\_\_\_\_

JONATHAN H. GREEN

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