(Requestor's Name)
(Address)
,
(6.11)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During F. W. All D
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

G. MCLEOD

OCT 27 2009

**EXAMINER** 



600162063146

10/26/09--01045--008 \*\*1000.00

09 0CT 26 PM 2: 25

SECRETARY OF STATE

### COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: HANNAH IRIT 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 ) 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 \$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: **MAILING ADDRESS:** 

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

CR2E030 (01/06)

# CERTIFICATE OF LIMITED PARTNERSHIP

# OF THE

# HANNAH IRIT 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 HANNAH IRIT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP (the "Partnership").
- **Recordkeeping Office.** The address of the office at which the Partnership shall keep the records required to maintained under the Act is:

1780 NE 191 Street, Bldg. 3-2, Apt. 706 Miami, Florida 33179

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) <u>General Partner</u>. The names and business address of the General Partner(s) are:

Irit Ludin Ullman

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

1780 NE 191 Street, Bldg. 3-2, Apt. 706 Miami, Florida 33179

(e) <u>Term.</u> The latest date upon which the Partnership is to dissolve is December 31, 2055.

SECRETARY OF STATE DIVISION OF CORPORATION

ς,

(f) Election. If limited partnership elects to be a limited liability limited partnership, check box  $\nabla$ .

IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 21 day of October, 2009.

WITNESSES:

Print name: Rank

IRIT LUDIN ULLMAN

Print name: Coreto Lorada

CONSENT TO SERVE AS REGISTERED AGENT

**FOR THE** 

HANNAH IRIT 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 HANNAH IRIT 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: October 21, 2009.

JONATHAN H. GREEN & ASSOCIATES, P.A.

Florida Corporation

IONATHAN H GREEN