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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: HSU LOY PROPERTIES, 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:

**MITCHELL F. GREEN, ESQ.**

(Contact Person)

(Firm/Company)

**4000 Hollywood Blvd., Suite 485S**

(Address)

**Hollywood, FL 33021**

(City, State and Zip Code)

For further information concerning this matter, please call: .

**Mitchell F. Green**

(Name of Contact Person)

at ( **954** ) **966-2112**

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

1. HSU LOY PROPERTIES, 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. 2964 N. State Road 7, Suite 210

(Street address of initial designated office)

Margate, FL 33063

3. MITCHELL F. GREEN

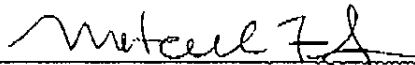
(Name of Registered Agent for Service of Process)

4. 4000 Hollywood Boulevard, Ste. 485S

(Florida street address for Registered Agent)

Hollywood, FL 33021

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. 2964 N. State Road 7, Suite 210

(Mailing address of initial designated office)

Margate, FL 33063

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 JAN 19 AM 8:55

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## 8. Name and business address of each general partner:

Name:Business Address:Alex K. Hsu2964 N. State Road 7, Suite 210Margate, FL 33063Juan P. Loy2964 N. State Road 7, Suite 210Margate, FL 33063

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 12<sup>th</sup> day of January, 2010

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**

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