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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
APR 14 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PALACIO GROUP 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 \$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 Fee) 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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CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
THE PALACIO GROUP 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 PALACIO GROUP 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 be maintained under the Act is:

343 Almeria Avenue
Coral Gables, Florida 33134

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TALLAHASSEE, FLORIDA
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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) **General Partner.** The names and business address of the General Partner(s) are:

Maria T. Palacio, Trustee

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

343 Almeria Avenue
Coral Gables, Florida 33134

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

(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 8th day of April, 2010.

WITNESSES:

April 28
Print name: Maria T. Palacio

Maria T. Palacio

MARIA T. PALACIO, Trustee, her
successor(s) as trustee(s) of the Amended
and Restated Maria T. Palacio Revocable
Living Trust, General Partner

Gretel L. Ogada
Print name: Gretel L. Ogada

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TALLAHASSEE, FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

FOR

THE PALACIO GROUP FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

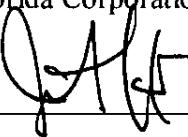
Having been appointed to serve in the State of Florida as the registered agent of, and to accept service of process for, THE PALACIO GROUP FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, the undersigned hereby accepts said appointment and agrees to serve as said registered agent. The undersigned further 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: April 8th, 2010.

JONATHAN H. GREEN & ASSOCIATES, P.A.

a Florida Corporation

By

 JONATHAN H. GREEN

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