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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

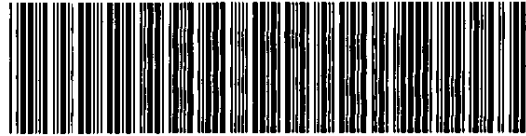
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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T. HAMPTON
JUN 22 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRANJEN PARTNERS, L.P. 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:

MORRIS ENGELBERG, ESQUIRE

Contact Person

M. Engelberg & L. Milgrim, P. A.

Firm/Company

4040 Sheridan Street

Address

Hollywood, Florida 33021

City, State and Zip Code

hgpolo@aol.com

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

For further information concerning this matter, please call:

Morris Engelberg, Esquire at (954) 966-3900

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

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

1. BRANJEN PARTNERS LIMITED PARTNERSHIP

(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. 17149 Royal Cove Way
(Street address of initial designated office)

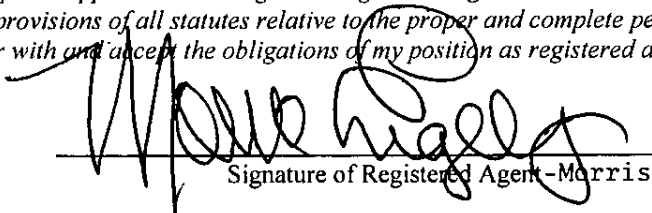
Boca Raton, Florida 33496

3. MORRIS ENGELBERG, ESQUIRE
(Name of Registered Agent for Service of Process)

4. 4040 Sheridan Street
(Florida street address for Registered Agent)

Hollywood, Florida 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 - Morris Engelberg

6. 17149 Royal Cove Way
(Mailing address of initial designated office)

Boca Raton, Florida 33496

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

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8. Name and business address of each general partner:

Name:

Business Address:

BRANJEN ASSOCIATES, INC.

17149 Royal Cove Way

Boca Raton, Florida 33496

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 _____ day of June, 2010.

Signature of each general partner:

BRANJEN ASSOCIATES, INC.

By: _____

Harold Greenberg
Harold Greenberg, President

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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