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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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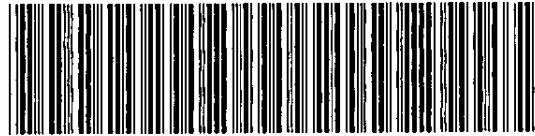
(Business Entity Name)

(Document Number)

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B. KOHR

JUN 28 2010

**EXAMINER**

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1000 PONCE DE LEON BLVD., STE: 101  
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ROM LLLP  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN 25 PM 1:28

June 25, 2010

EXPRESS CORPORATE FILING SERVICE

TALLAHASSEE, FL

SUBJECT: ROM LLLP  
Ref. Number: W10000030498

We have received your document for ROM LLLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,061.25 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 810A00015715

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
10 JUN 25 PM 1:28

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

ROM ACQUISITIONS INC., a Florida corporation (the "General Partner"), hereby makes, acknowledges and files this Certificate of Limited Liability Limited Partnership (the "Certificate") for (hereinafter referred to as the "Partnership").  
ROM HOLDINGS LLLP

1. **Name of Partnership.** The name of the Partnership is ROM HOLDINGS LLLP
2. **Mailing Address and Principal Place of Business of the Limited Partnership.**  
The mailing address of the Partnership is P.O. Box 610338, North Miami, Florida 33261-0338 and the principal place of business is 2665 S. Bayshore Drive, Suite 703, Miami, Florida 33133. The General Partner shall promptly give notice to the other Partners of any change of mailing address.
3. **Agent for Service of Process.** The Agent for service of process on the Partnership shall be World Corporate Services, Inc., 2665 South Bayshore Drive, Suite 703, Miami, FL 33133.
4. 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.

  
Elena Diaz, Vice President  
World Corporate Services, Inc.

5. If limited partnership elects to be a limited liability limited partnership, check box x
6. **Name and Business Address of each General Partner.** The name and business address of the General Partner of the Partnership is as follows:

**Name:**  
ROM Acquisitions Inc.

**Business Address:**  
2665 S. Bayshore Drive, Suite 703  
Miami, FL 33133

4. **Effective Date.** The Partnership will become effective upon the filing of this Certificate and shall end on December 31, 2055.

IN WITNESS WHEREOF, the undersigned has hereunto affixed his signature and seal and swears to the foregoing as of this 21<sup>st</sup> day of June, 2010 in accordance with Florida Statutes Section 620.108.

GENERAL PARTNER:

ROM Acquisitions Inc.  
a Florida corporation

By:   
Saul Campanella, Director and Vice President

STATE OF FLORIDA

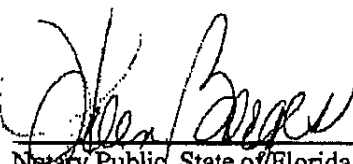
)

) ss:

COUNTY OF MIAMI-DADE

)

I HEREBY CERTIFY on this 21<sup>st</sup> day of June, 2010, before me, Saul Campanella, the Director and Vice President of ROM Acquisitions Inc. a Florida corporation, as General Partner of ROM HOLDINGS LLLP, who executed the foregoing Certificate of Florida Limited Liability Limited Partnership of ROM HOLDINGS LLLP

  
Notary Public, State of Florida at Large

My Commission Expires:

