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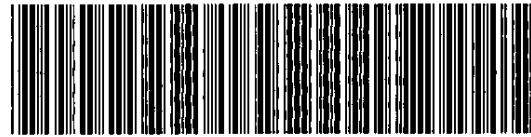
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AUG - 6 2010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SZM 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:

Rachel L. Tolley, Esq.

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

Name of Contact Person

at (305) 372-5100

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
OF THE
SZM 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 SZM 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 maintained under the Act is:

419 Aragon Avenue
Coral Gables, Florida 33134

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:

Zafer Merchant, Trustee

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

419 Aragon Avenue
Coral Gables, Florida 33134

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

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TALLAHASSEE, FLORIDA

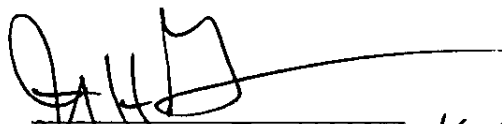
- (f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☒.

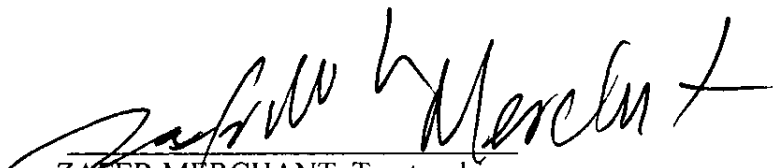
IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 30th day of JULY, 2010.

WITNESSES:


Print name: Rachel Poling


Print name: Jonathan H. Greer


ZAFER MERCHANT, Trustee, his
successor(s) as trustee(s) of the Zafer
Merchant Revocable Living Trust, General
Partner

CONSENT TO SERVE AS REGISTERED AGENT

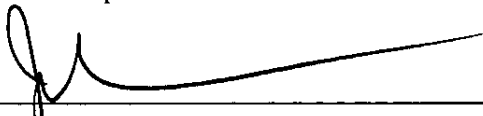
FOR THE

SZM 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 SZM 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: July 20th, 2010.

JONATHAN H. GREEN & ASSOCIATES, P.A.
a Florida Corporation

By 
JONATHAN H. GREEN