

A11000000063

LAW OFFICE  
JASON WARSHOFSKY, P.A.

GROVE FOREST PLAZA  
2937 SW 27 AVENUE, SUITE 104  
COCONUT GROVE, FLORIDA 33133

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

A. LUNT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Salinna Family 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 LLP.

2. 1020 NW 62 ST #3

(Street address of initial designated office)

FT LAUDERDALE, FL 33309

3. JOSE M PATIN

(Name of Registered Agent for Service of Process)

4. 1020 NW 62 ST #3

(Florida street address for Registered Agent)

FT LAUDERDALE, FL 33309

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. 1020 NW 62 ST #3

(Mailing address of initial designated office)

FT LAUDERDALE, FL 33309

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:

Salinna Control, LLC

1020 NW 62 ST #3

FT LAUDERDALE, FL 33309

L11-7552

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TALLAHASSEE FL 67072

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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 \_\_\_\_\_

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

[Signature]

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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