

A110000000306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500201082915

05/02/11--01011--007 **1052.50

RECEIVED

11 MAY -2 AM 10:24

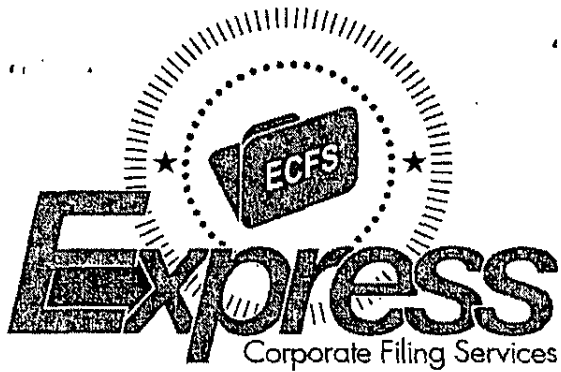
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 2 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 PM 1:17



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 PM 1:17

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Robra Family Limited Partnership
(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 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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF FLORIDA LIMITED PARTNERSHIP
OF ROBRA FAMILY LIMITED PARTNERSHIP
A FLORIDA LIMITED PARTNERSHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 PM 1:17

ROBRA MANAGEMENT LLC (the "General Partner"), hereby makes, acknowledges and files this Certificate of Limited Partnership (the "Certificate") for the **ROBRA FAMILY LIMITED PARTNERSHIP** (hereinafter referred to as the "Partnership").

1. **Name of Partnership.** The name of the Partnership is the **ROBRA FAMILY LIMITED PARTNERSHIP**.

2. **Mailing Address and Principal Place of Business of the Limited Partnership.** The mailing address of the Partnership is 2665 South Bayshore Drive, Suite 703, Miami, FL 33133. The General Partner shall promptly give notice to the other Partners of any change of mailing address.

3. **Name and Business Address of General Partner.** The name and business address of the General Partner of the Partnership is as follows:

ROBRA MANAGEMENT LLC
2665 South Bayshore Drive
Suite 703
Miami, Florida 33133

L11000038851

4. **Effective Date.** The Partnership will become effective upon the filing of this Certificate and shall terminate and dissolve no later than December 31, 2060.

5. **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.

IN WITNESS WHEREOF, the undersigned has hereunto affixed his signature and seal and swears to the foregoing as of this 28 day of April, 2011, in accordance with Florida Statutes Section 620.108.

GENERAL PARTNER:

ROBRA MANAGEMENT LLC, a Florida limited liability company

By: _____

Manager

)

) SS:

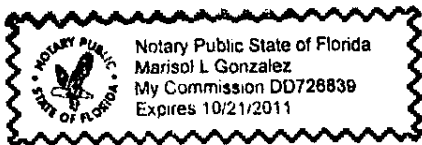
)

Notary Public, State of _____

Notary Public, State of Florida at Large

ACCEPTANCE OF REGISTERED AGENT

Dated this 28 day of Apr/2011.



Elena Diaz, Vice President
World Corporate Services, Inc.,
a Florida corporation