

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

000937.147585

FILED
11 MAY -4 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDARECEIVED
11 MAY -5 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA/FOREIGN LP/LLLP
ROBINSON FAMILY 1 LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

MAY -5 2011

EXAMINER
5:20 PM

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

FILED
11 MAY -5 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. ROBINSON FAMILY 1 LLLP

(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. 15757 PINES BLVD. # 33

(Street address of initial designated office)

PEMBROKE PINES, FL 33027

3. NRAI SERVICES, INC.

(Name of Registered Agent for Service of Process)

4. 515 E. PARK AVENUE

(Florida street address for Registered Agent)

TALLAHASSEE, FL 32301

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.

Katie Wonsch, Asst. Sec.
Signature of Registered Agent

6. 15757 PINES BLVD. # 33

(Mailing address of initial designated office)

PEMBROKE PINES, FL 33027

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:

DANIELLE ALESHA ROBINSON

15757 PINES BLVD. # 33

PEMBROKE PINES, FL 33027

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: MAY 5, 2011

(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 5 day of MAY 2011

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 §817.135, F.S.

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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