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Certified Copies _____ Certificates of Status _____

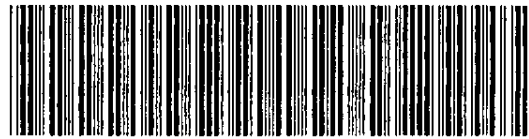
Special Instructions to Filing Officer:

L. SELLERS

MAY -9 2011

EXAMINER

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11 MAY -5 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMLG 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:

Greta P. Lozada

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:

Rachel L. Tolley, Esq. at (305) 372-5100

Name of Contact Person

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

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
RMLG 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 RMLG 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:

7990 SW 166th Street
Palmetto Bay, Florida 33157

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:

Rosa M. Lorenzo, Trustee

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

7990 SW 166th Street
Palmetto Bay, Florida 33157

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

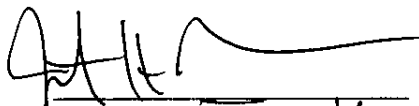
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- (f) **Election.** If limited partnership elects to be a limited liability limited partnership, check box ☒.


IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this 28th day of Apr. 1, 2011.

WITNESSES:


Print name: Jonathan H Green


Print name: Greta Lozada


ROSA M. LORENZO, Trustee, her
successor(s) as trustee(s) of the Rosa M.
Lorenzo Revocable Living Trust, General
Partner

CONSENT TO SERVE AS REGISTERED AGENT

FOR THE

RMLG 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 RMLG 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: Apr. 1 28th, 2011.

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

By


JONATHAN H. GREEN