

A11000VW498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

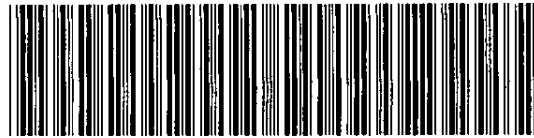
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EXAMINER



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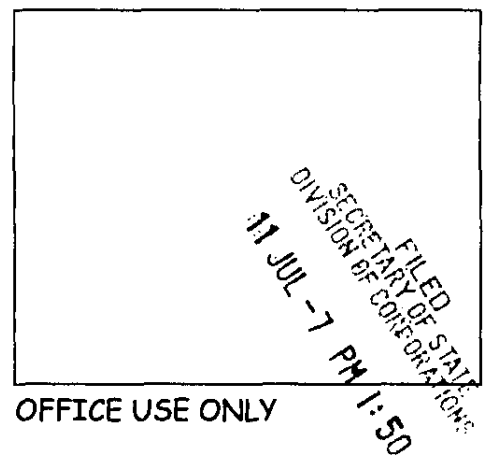
11 JUL - 7 PM 12:35

DELAWARE STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL - 7 PM 1:50

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



WALK-IN

ENTITY NAME:

SU FAMILY DIXIE LLP

CK# 6105 FOR \$1061.25

PLEASE FILE THE ATTACHED LLP & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 1:50

1. **Su Family Dixie LLLP**

(Name of Limited Partnership or Limited Liability 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. 12185 S. Dixie Highway, Miami, FL 33156

(Street Address of initial designated office)

3. Atrium Registered Agents, Inc.

(Name of Registered Agent for Service of Process)

4. 1500 San Remo Avenue, Suite 125, Coral Gables, Florida, 33146

(Florida street address for Registered Agent)

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.

Atrium Registered Agents, Inc.

By: 

Malcolm H. Neuwahl, Vice President

6. 12185 S. Dixie Highway, Miami, FL 33156

(Mailing address of the initial designated office)

7. If the limited partnership elects to be a limited liability limited partnership check:

XX Yes _____ No

8. Name and business address of each general partner:

Su Family Management, LLC
12185 S. Dixie Highway
Miami, FL 33156

L10000130856


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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 6th day of July, 2011.

Signature of Each General Partner:

Su Family Management, LLC
General Partner

By: 
Sixto Henry Su, Manager

By: 
James Antonio Su, Manager

By: 
David Alejandro Su, Manager