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SECRETARY OF STATE

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

## SUBJECT: Calumba 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:

Rachel L. Tolley	
Contact Person	
JONATHAN H. GREEN & ASSOCIATES	, P.A.
Firm/Company	
799 Brickell Plaza Suite 700	
Address	
Miami, Florida 33131	
City, State and Zip Code	······································
RLT@jhglaw.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Erlinda Hernandez	at (305 ) 372-5100
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$1,000.00 Filing Fees \$1,008.75 Filing Fees 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CR2E030 (01/06)

#### CERTIFICATE OF LIMITED PARTNERSHIP

FILED
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#### OF THE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### CALUMBA 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 CALUMBA 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:

6540 W. Sample Road #B-1 Coral Springs, Florida 33067

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) <u>General Partner</u>. The names and business address of the General Partner(s) are:

#### OSCAR E. DIAZ

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

6540 W. Sample Road #B-1 Coral Springs, Florida 33067

(e) <u>Election</u>. If limited partnership elects to be a limited liability limited partnership, check box  $\nabla$ .

### IN WITNESS WHEREOF, the general partner has duly executed this

Certificate, this <u>33</u> day of <u>MARCH</u>, 2012.

WITNESSES:

Print name: Run Tou

OSCAR E. DIAZ, General Partner

Print name: ERUNDAHERMANEZ

Print name: Oscar TRUJILO

Mymy//M/M/M/
Print name: Maria G. Norillo

NANCY X. LANDAETA, General Partne



Produced ID: FDL L533-621-67-917-0

#### CONSENT TO SERVE AS REGISTERED AGENT

#### FOR THE

#### CALUMBA 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 CALUMBA 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: <u>MARCH</u> 23 , 2012.

JONATHAN H. GREEN & ASSOCIATES, P.A.

a Florida Corporation

JONATHAN H. GREEN

FILED

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SECRETARY OF STATE
AND AHASSEF FLORIDA