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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

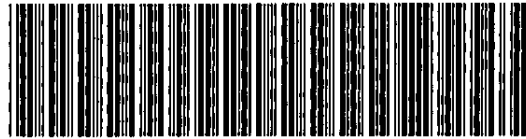
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400227050044

Effective Date 4-1-12

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

APR 9 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moises and Stefani Green-Issa Family 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:

William T. Coleman

Contact Person

Brinkley Morgan

Firm/Company

200 E. Las Olas Blvd., 19th Floor

Address

Fort Lauderdale, FL 33301

City, State and Zip Code

william.coleman@brinkleymorgan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William T. Coleman

at ( 954 ) 522-2200

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fees,<br>Certified Copy, and<br>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)

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TALLAHASSEE, FLORIDA

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

1. Moises and Stefani Green-Issa Family Limited Partnership

(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. 11351 NW 6th Street

(Street address of initial designated office)

Plantation, FL 33325

3. William T. Coleman

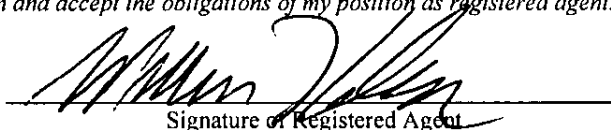
(Name of Registered Agent for Service of Process)

4. Brinkley Morgan, 200 E. Las Olas Blvd., 19th Floor

(Florida street address for Registered Agent)

Fort Lauderdale, FL 33301

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.*

  
Signature of Registered Agent

6. 11351 NW 6th Street, Plantation, FL 33325

(Mailing address of initial designated office)

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:

MS-G Issa, LLC

11351 NW 6th Street

112000046830

Plantation, FL 33325

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

April 1, 2012

*(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 1st day of April, 2012.

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 s.817.158, F.S.

Moises Issa, Manager of

MS-G Issa, LLC

**Filing Fees:**

**Certified Copy (optional):**

**Certificate of Status (optional):**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**\$52.50**

**\$8.75**

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TALLAHASSEE, FLORIDA

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