

**A120000211**  
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: *Salvatori, Wood & Buckel, PL*  
Account Name : ~~SALVATORI & WOOD, BUCKEL, PL~~ *Please update*  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

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

Email Address: JLH@SWBNAPLES.COM

FILED  
12 APR 17 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
12 APR 17 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLP  
SW 96th ST, LLLP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

D. BRUCE  
APR 18 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SW 96TH ST, LLLP  
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:

Kevin Carmichael  
Contact Person

Salvatori, Wood & Buckel, P.L.  
Firm/Company

9132 Strada Place, Fourth Floor  
Address

Naples, FL 34108  
City, State and Zip Code

k2c@swbnaples.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Carmichael at ( 239 ) 552-4127  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. SW 98TH ST, 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. 9385 Gallardo Street, Coral Gables, Florida 33156

(Street address of initial designated office)

3. Kevin Carmichael

(Name of Registered Agent for Service of Process)

4. 9132 Strada Place, Fourth Floor, Naples, FL 34108

(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.*

Signature of Registered Agent

6. 9385 Gallardo Street, Coral Gables, Florida 33156

(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:

<u>Name:</u> Bryan Valdes, as Trustee of	<u>Business Address:</u>
<u>Alvaro and Lileana de Moya</u>	<u>14600 SW 136th Street</u>
	<u>Miami, FL 33186</u>

Family Income Trust of 2011

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TALLAHASSEE, FLORIDA

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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 \_\_\_\_\_ 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.817.155, F.S.



Bryan Valdes

\_\_\_\_\_

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75