

A12 000000310

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: AND@GDR-LAW.COM

FLORIDA/FOREIGN LP/LLLP
MIW DISPOSITION, LLLP

Certificate of Status	0
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T. CLINE

MAY 31 2012

EXAMINER

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. MIW Disposition, 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. 7711 N. Military Trail, Suite 212

(Street address of initial designated office)

Palm Beach Gardens, FL 334103. W.K. Schickedanz

(Name of Registered Agent for Service of Process)

4. 7711 N. Military Trail, Suite 212

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33410

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 W. K. Schickedanz

6. 7711 N. Military Trail, Suite 212, Palm Beach Gardens, FL 33410

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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FROM-Gary,Dytrych & Ryan, P.A.

5618442388

T-303 P.003/003 F-880

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8. Name and business address of each general partner:

Name:

Business Address:

Gunther Flaig

7711 N. Military Trail, Suite 212

Palm Beach Gardens, FL 33410

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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 24th day of MAY, 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.

Gunther Flaig

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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