Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DiPasquale Real Estate Holdings, 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:		
MITCHELL F. GREEN, ESQ. (Contact Person)		
(Firm/Company) 4000 Hollywood Blvd., Suite 485S (Address)		
Hollywood, FL 33021 (City, State and Zip Code)	2	
For further information concerning this matter, please call: Mitchell F. Green at (954)966-2112	MIZ AUG 24	
(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount:	## @	-
S1,000,00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\int \frac{1}{2}\tau_008.75 \text{ Filing Fees} \text{ \$\sqrt{2}\tau_008.75 \text{ Filing Fees} } \text{ \$\sqrt{2}\tau_008.75 \text{ \$\sqrt{2}\tau_	12	
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		

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

DiPasqu	ala Rea	Fetato	Holdings	3110
LIFUSQUI	aic Kea	i Estate	mulainas,	

(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.P., or LLLP.

2.20316 Chestnut Grove		
(Street address of initial designated office)	7	2
Tampa, Florida 33647	<u>5</u>	2612 A
3. MITCHELL F. GREEN, ESQ.	AHAS	AUG 2
(Name of Registered Agent for Service of Process)	<u> </u>	*
4,4000 Hollywood Blvd., Suite 485S		
(Florida street address for Registered Agent)	.ORI	æ
Hollywood, FL 33021	<u> </u>	~

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

6,20316 Chestnut Grove

(Mailing address of initial designated office)

Tampa, Florida 33647

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

Page 1 of 2

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8. Name and business address of ea Name;	ich general partner: <u>Business Address:</u>			
Paul DiPasquale	20316 Chestnut Grove			
	Tampa, Florida 33647			
		ALLAHA!	2012 AUG 24	7
		ARY OF S SSEL.FL	Ŧ	
9. Effective date, if other than the date of i	filing:	AIE.	8 : 12	the god
filed by the Florida Department of S		ent is		
Signed this 244 day of	of August ,2012	_ *		
Signature of each general partner:	Plo 8/23/2012			
	· · · · · · · · · · · · · · · · · · ·			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Ag \$52.50 \$8.75 Page 2 of 2	gent Fee)		