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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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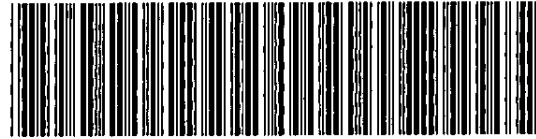
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 12 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 454201 4331939

AUTHORIZATION :

COST LIMIT : \$ 1052.50

*Spencer*

ORDER DATE : December 11, 2012

ORDER TIME : 3:25 PM

ORDER NO. : 454201-010

CUSTOMER NO: 4331939

*\*pls file 2nd!*

DOMESTIC FILING

NAME: AMOSSYKLEIN FAMILY HOLDINGS,  
LLLP

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
XX \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Certificate of Limited Partnership of  
AmossyKlein Family Holdings, LLLP  
(a Florida limited liability limited partnership)**

Pursuant to the provisions of Section 620.1201 of the Florida Statutes, the undersigned, being the sole General Partner of **AmossyKlein Family Holdings, LLLP**, hereby duly executes and files with the Florida Department of State this Certificate of Limited Partnership.

1. The name of the limited partnership is "**AmossyKlein Family Holdings, LLLP**" (the "**Limited Partnership**").

2. The street and mailing address of the Limited Partnership's initial designated office in the State of Florida is c/o Qpay, 11900 Biscayne Boulevard, Suite 300, Miami, FL 33181.

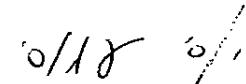
3. The name of the Limited Partnership's initial registered agent is Ami Shashoua, and the street address of the initial registered agent is c/o Qpay, 11900 Biscayne Boulevard, Suite 300, Miami, FL 33181.

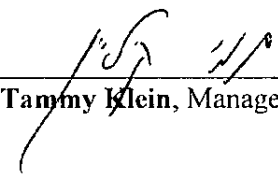
4. The name of the Limited Partnership's sole general partner is **AmossyKlein Management, LLC**, a Florida limited liability company and the business address of such general partner is c/o Qpay, 11900 Biscayne Boulevard, Suite 300, Miami, FL 33181. **L120005497**

5. The Limited Partnership shall be a limited liability limited partnership.

The sole General Partner of **AmossyKlein Family Holdings, LLLP** has executed the foregoing Certificate of Limited Partnership on this 6<sup>th</sup> day of DECEMBER 2012 in accordance with Section 620.1204 of the Florida Statutes.

**AmossyKlein Management, LLC**, a Florida  
limited liability company, General Partner

By:   
Yossi Amossy, Manager

By:   
Tammy Klein, Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Acceptance of Appointment of Registered Agent**

Having been named the statutory registered agent of **AmossyKlein Family Holdings, LLLP**, at the place designated in the foregoing Certificate of Limited Partnership of **AmossyKlein Family Holdings, LLLP**, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.1114 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

  
\_\_\_\_\_  
Ami Shashoua, Registered Agent

Date: 12/6/12

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TALLAHASSEE, FLORIDA