

A12000000921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/03/12--01024--018 **1061.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 DEC 18 PM 1:40

C. LEWIS
DEC 17, 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

JAIME POZO / CENTRA INVESTMENT INC
6401 SW 87 AVE #203
MIAMI, FL 33173

SUBJECT: CENTRA INVESTMENTS, LLLP
Ref. Number: W12000060287

We have received your document for CENTRA INVESTMENTS, LLLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00028755

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRA INVESTMENTS, 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:

JAIME POZO

Contact Person

CENTRA INVESTMENTS, INC

Firm/Company

6401 SW 87 AVE # 203

Address

MIAMI, FL 33173

City, State and Zip Code

LYNETTE@9090REALTY.COM

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

For further information concerning this matter, please call:

JAIME POZO

Name of Contact Person

at (305) 271-8562

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

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

2012 DEC 18 PM 1:40

1. CENTRA INVESTMENTS, 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. 6401 SW 87 AVE # 203 - MIAMI, FL 33173

(Street address of initial designated office)

3. JAIME POZO

(Name of Registered Agent for Service of Process)

4. 791 CRANDON BLVD # 1204 - KEY BISCAYNE, FL 33149

(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. PO BOX 160608 - MIAMI, FL 33116

(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:

CENTRA INVESTMENTS, INC

6401 SW 87 AVE # 203

PD2 000111654 MIAMI, FL 33173

JAIME POZO

6401 SW 87 AVE # 203

MIAMI, FL 33173

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 _____.

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.



Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75