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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

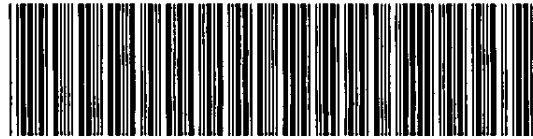
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 17 PM 3:20

FILED

LAW OFFICE
JASON WARSHOFSKY, P.A.

GABLES INTERNATIONAL PLAZA
2655 LEJEUNE RD, SUITE 304
CORAL GABLES, FLORIDA 33134

TELEPHONE: 305-446-1244
FAX 305-446-7193

December 12, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

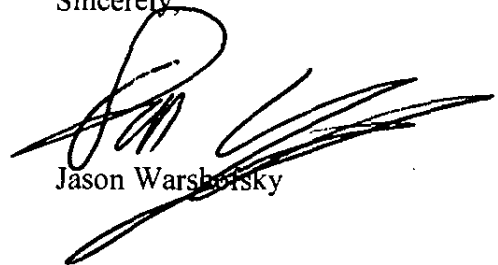
RE: FM Sarria Family Limited Partnership

Dear Division of Corporations:

Please process this as soon as possible. The signatures on Page 2 are of all the managing members of FM Sarria Control, LLC. Please note that we sent the Articles for FM Sarria Control, LLC for filing very recently.

Please call us at 305-446-1244 if any problems arise. Thank you.

Sincerely,



Jason Warshofsky

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FM Sarria Family Limited Partnership

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:

Jason Warshofsky

Contact Person

Jason Warshofsky, P.A.

Firm/Company

2655 Lejuene Road, Suite 304

Address

Coral Gables, Florida 33134

City, State and Zip Code

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

For further information concerning this matter, please call:

Jason Warshofsky

Name of Contact Person

at (305) 446-1244

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**

1. FM Sarria Family Limited Partnership

(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. 4725 SW 8 Street
(Street address of initial designated office)

Miami, Florida 33134

3. Francisco Sarria
(Name of Registered Agent for Service of Process)

4. 4725 SW 8 Street
(Florida street address for Registered Agent)

Miami, Florida 33134

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. 4725 SW 8th Street
(Mailing address of initial designated office)

Miami, Florida 33134

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:

FM Sarria Control, LLC

4725 SW 8 Street

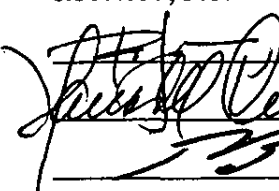
Miami, Florida 33134

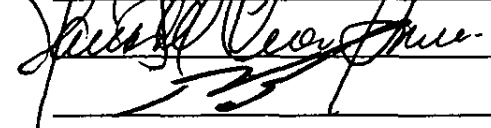
9. Effective date, if other than the date of filing: _____


(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 11th day of September, 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.

 Francisco Sarria, MEM

 MARIA DEL CARMEN SARRIA, MEM

 RICARDO SARRIA, MEM

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