

A130000000114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

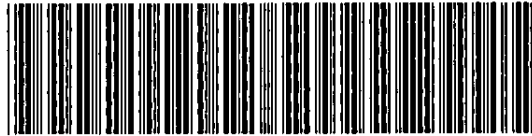
Special Instructions to Filing Officer:

W13-11601

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 25 PM 3:54

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2013

CHRISTOPHER D. VASALLO
VASALLO SLOANE PL
12394 SW 82 AVENUE
PINECREST, FL 33156

SUBJECT: AGUSTI DIAZ, LP
Ref. Number: W13000011601

FILED
13 FEB 25 PM 3:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return 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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 913A00004651

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agusti Diaz, LP
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:

Christopher D. Vasallo
Contact Person

Vasallo Sloane, PC
Firm/Company

12394 SW 82 Ave
Address

Pinecrest, FL 33156
City, State and Zip Code

cvasallo@vasallosloane.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher D. Vasallo at (305) 233-9066
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees
(S965 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**

FILED
13 FEB 25 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Agusti Diaz LP

(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. 370 Miracle Mile
(Street address of initial designated office)

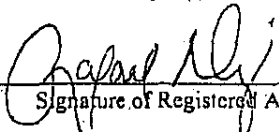
Coral Gables, FL 33134

3. Rafael A. Diaz
(Name of Registered Agent for Service of Process)

4. 370 miracle mile
(Florida street address for Registered Agent)

Coral Gables, FL 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. 370 miracle mile
(Mailing address of initial designated office)

Coral Gables, FL 33134

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

8. Name and business address of each general partner:

Name: John A. Jones Business Address: 123 Main St.

Name: Rafael Alfonso Diaz, as Trustee of the
Rafael Alfonso Diaz
Revocable Trust

370 Miracle Mile
Coral Gables, FL 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 13th day of Feb, 13

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.

s.817.155, F.S.
Chafail R. J.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75