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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

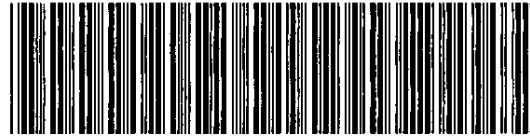
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG - 6 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAUSTO LOSANA 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:

Raul R. Delgado de Armas
Contact Person

Raul R. Delgado de Armas & Associates
Firm/Company

4000 Ponce de Leon Blvd, Suite 470
Address

Coral Gables, FL 33146
City, State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Raul Delgado de Armas at (305) 777-0432
Name of Contact Person 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

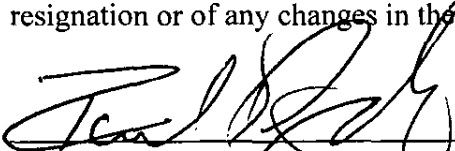
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**CERTIFICATE OF LIMITED PARTNERSHIP
OF THE
FAUSTO LOSANA Family Limited Partnership
A Florida Limited Partnership**

The undersigned does hereby certify that a Florida Limited Partnership Agreement was signed, and a Limited Partnership was formed, on September 15th, 2011 in Miami-Dade County, Florida, pursuant to the provisions of the Florida Limited Partnership Act, as follows:

1. Name: The name of this Limited Partnership is the FAUSTO LOSANA Family Limited Partnership.
2. Principal Place of Business, Records Location and Registered Office: The location of the principal place of business and records location of the Limited Partnership is 2901 S.W. 8th Street, Suite 105 Miami, FL 33135 . The location of the registered office of the Limited Partnership is Raul R. Delgado de Armas at 4000 Ponce de Leon Blvd., Suite 470 Coral Gables, FL 33146.
3. Appointment and Consent to Serve as Registered Agent: The registered agent for service for this Limited Partnership is Raul R. Delgado de Armas.

I, Raul R. Delgado de Armas, a natural person and resident of Florida, accept the appointment as agent of the FAUSTO LOSANA Family Limited Partnership upon whom process, notices and demands may be served, whose principal place of business and records are located at the address stated above. I understand that as agent it will be my responsibility to receive service of process, to forward mail, and to immediately notify the Office of the Secretary of State in the event of my resignation or of any changes in the Registered Office Address.



Raul R. Delgado de Armas, Registered Agent

4. The Partners. The General Partner of this Limited Partnership is: LA COLMENA, LLC
Residence and Mailing Address: #L11000112956
2901 S.W. 8TH Street, Suite 105
Miami, FL 33135

The Limited Partnership shall also have such Limited Partners as are named in the Limited Partnership Agreement.

5. Term. The term of the Partnership shall be perpetual.

DATED: September 15th, 2011

GENERAL PARTNER:
DR. FAUSTO LOSANA

BY: [Signature]
DR. FAUSTO LOSANA

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) ss.
CITY AND COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this day September 15th, 2011, by FAUSTO LOSANA, General Partner who is personally known to me or who has produced _____, as identification.

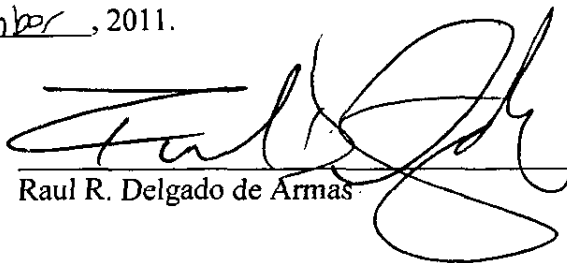
[Signature]
Notary Public, State of Florida
(Print. Type or Stamp name of Notary Public)

NOTARY PUBLIC
STATE OF FLORIDA
VANNESA VALENCIA
MY COMMISSION # DD 864323
EXPIRES: March 13, 2013
Bonded Thru Budget Notary Services

ACCEPTANCE

I, Raul R. Delgado de Armas the undersigned, hereby accept the appointment as agent of the Fausto Losana Family Limited Partnership upon whom process, notices and demands may be served. I understand that as agent it will be my responsibility to receive service of process, to forward mail, and to immediately notify the Office of the Secretary of State in the event of my resignation or of any changes in the Registered Office Address.

Dated this 15th day of September, 2011.


Raul R. Delgado de Armas

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