

A14 000000283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

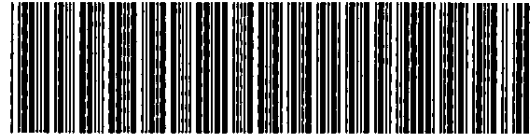
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAY 22 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 30 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN LEAF PARTNERSHIP 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:

DR. MOHAMED H BAAJ

Contact Person

MB TRUST LLC

Firm/Company

13932 NW 13TH STREET

Address

PEMBROKE PINES, FL 33028

City, State and Zip Code

MBTRUSTLLC@YAHOO.COM

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

For further information concerning this matter, please call:

DR. MOHAMED BAAJ

Name of Contact Person

at (954) 505-9151

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

CR2E030 (01/06)

2014 MAY 22 PM 12:12
TALLAHASSEE
OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA

FILED

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

1. GREEN LEAF PARTNERSHIP 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. 13932 NW 13TH STREET, PEMBROKE PINES FL 33028

(Street address of initial designated office)

3. DR. MOHAMED BAAJ

(Name of Registered Agent for Service of Process)

4. 13932 NW 13TH STREET, PEMBROKE PINES FL 33028

(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. 13932 NW 13TH STREET, PEMBROKE PINES FL 33028

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

MB TRUST LLC

13932 NW 13TH STREET

LOG-700472

PEMBROKE PINES, FL 33028

N/A

N/A

N/A

N/A

N/A

2014 MAY 22 PM 4:12
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 15 day of MAY, 2014

Signature of each general partner ☒ We submit this document and affirm that the facts stated herein are true. ☒ We 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.

Mohamed H BAAJ
Mohamed H BAAJ, President of MB TRUST LLC

✓ Filing Fees:

✓ Certified Copy (optional):

✓ Certificate of Status (optional):

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

✓ \$52.50

✓ \$8.75

\$1,061.25