

A14 000000634

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000268562 3)))



H140002685623ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LP/LLLP METROGAS USA, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

84638

RECEIVED

NOV 18 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

NOV 19 2014
T CLINE

Electronic Filing Menu Corporate Filing Menu Help

3

H14000268802

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

1. METROGAS USA, 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.P.,
or LLP.*

2. 1600 PONCE DE LEON BOULEVARD, SUITE 1039
(Street address of initial designated office)

CORAL GABLES, FLORIDA 33134

3. DANIEL MAC-CROHON
(Name of Registered Agent for Service of Process)

4. 1600 PONCE DE LEON BOULEVARD, SUITE 1039
(Florida street address for Registered Agent)

CORAL GABLES, 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. 1600 PONCE DE LEON BOULEVARD, SUITE 1039
(Mailing address of initial designated office)

CORAL GABLES FLORIDA 33134

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

FILED
2014 NOV 18 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

METROGAS FL GROUP LLC

1600 Ponce de Leon Boulevard

Suite 1039

Coral Gables, Florida 33134

U12-84136

2014 NOV 18 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

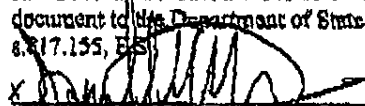
FILED

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 18th day of November, 2014

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.


Daniel M. Leach
Managing Member

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

Page 2 of 2