

1500000690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

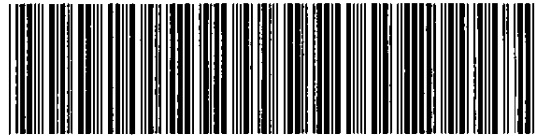
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400278387764

10/27/15--01004--003 **1000.00

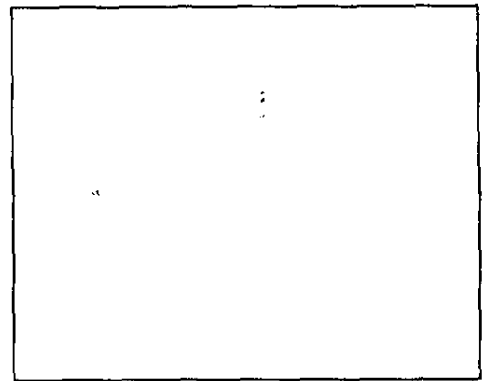
RECEIVED
10 OCT 26 PM 4:14
SUFFICIENT FILING

FILED
15 OCT 26 AM 8:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015

Y SULKER

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

MIAMI FLOIDA CLINIC LLLP

CK# 7049 FOR \$1000.00

PLEASE FILE THE ATTACHED CERTIFICATE & RETURN THE FOLLOWING:

- ☐ CERTIFIED COPY
- ☐ STAMPED COPY
- ☐ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI FLORIDA CLINIC, LLP
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:

JAMES BURBAGE

Contact Person

MIAMI CLINIC, LLC

Firm/Company

601 HERITAGE DRIVE, SUITE 114

Address

JUPITER, FLORIDA 33458

City, State and Zip Code

GDASS77@GMAIL.COM

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

For further information concerning this matter, please call:

GEORGE DASS

Name of Contact Person

at (310) 415-0473

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

CRZE030 (01/06)

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

1. MIAMI FLORIDA CLINIC, LLP

*(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. 601 HERITAGE DRIVE, SUITE 114
(Street address of initial designated office)

JUPITER, FLORIDA 33458

3. MIAMI CLINIC, LLC
(Name of Registered Agent for Service of Process)

4. 601 HERITAGE DRIVE, SUITE 114
(Florida street address for Registered Agent)

JUPITER, FLORIDA 33458

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.*

MIAMI CLINIC, LLC
BY: *[Signature]*
Signature of Registered Agent

6. 601 HERITAGE BOULEVARD, SUITE 114
(Mailing address of initial designated office)

JUPITER, FLORIDA 33458

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 26 AM 8:39

FILED

8. Name and business address of each general partner:

Name:

Business Address:

MIAMI CLINIC, LLC

601 HERITAGE DRIVE, SUITE 114

JUPITER, FLORIDA 33458

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 14th day of OCTOBER 2015

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.

JR. Bumbry Jr.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

Page 2 of 2

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 OCT 26 AM 8:39

FILED