AH500000690

(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

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TALLAHASSEE, FL 32301
PHONE (850)364-8000

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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, 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:

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 at (310) 415-0473
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

CR2E030 (01/06)

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

1. MIAMI FLORIDA CLINIC, 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. 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 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 [X]

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8. Name and business address of each general partner:

Name:	Business Address:
MIAMI CLINIC, LLC	601 HERITAGE DRIVE, SUITE 114
	JUPITER, FLORIDA 33458

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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 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.

[signature]

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