

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oz Family partnership, LP
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:

Matthew B Gold, Esq.

Contact Person

MBG LAW Firm

Firm/Company

10101 W. Sample Road, suite 312

Address

Coral Springs, FL 33065

City, State and Zip Code

MGold@MBG-LawFirm.com

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

For further information concerning this matter, please call:

Matthew Gold

Name of Contact Person

at (954) 779-6128

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)

FILED
16 JAN -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Oz Family Partnership, 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 LLLP.

2. 6020 NW 91st Ave
(Street address of initial designated office)

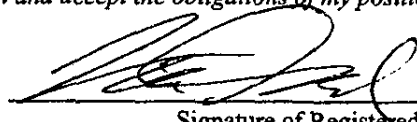
Parkland, FL 33067

3. Matthew B. Gold, Esq.
(Name of Registered Agent for Service of Process)

4. 10101 W. Sample Road, suite 312
(Florida street address for Registered Agent)

Coral Springs, FL 33065

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. 6020 NW 91st Ave
(Mailing address of initial designated office)

Parkland, FL 33076

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:

Sam Oz

6020 NW 91st Ave
Parkland, FL 33067

Rachel Oz

6020 NW 91st Ave
Parkland, FL 33067

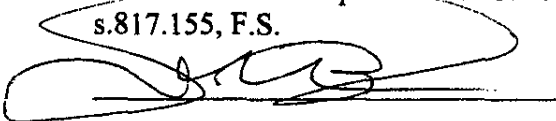
9. Effective date, if other than the date of filing:

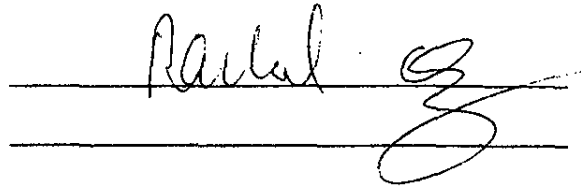
12/30/15

(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 30 day of December, 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.





Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

16 JAN -4 PM 3 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED