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WALK-IN

ENTITY NAME:

MIAMI METRO CLINIC, LLLP

CK# 7294 FOR \$1000.00

PLEASE FILE THE ATTACHED CERTIFICATE OF LIMITED PARTNERSHIP &  
RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIAMI METRO 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  
1110 BRICKELL AVE SUITE 430  
Address  
MIAMI, FLORIDA 33131  
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 METRO 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. 1110 BRICKELL AVE, SUITE 430  
(Street address of initial designated office)  
MIAMI, FLORIDA 33131

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

4. 1110 BRICKELL, SUITE 430  
(Florida street address for Registered Agent)  
MIAMI, FLORIDA 33131

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.*

By: James R. Burley  
Signature of Registered Agent  
MIAMI CLINIC, LLC

6. 1110 BRICKELL AVE, SUITE 430  
(Mailing address of initial designated office)  
MIAMI, FLORIDA 33131

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

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8. Name and business address of each general partner:

Name:

Business Address:

MIAMI CLINIC, LLC

1110 BRICKELL, SUITE 430

MIAMI, FLORIDA 33131

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 7TH day of JUNE.

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.

James R. Dunbar 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**

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