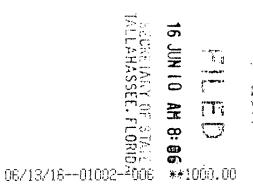
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ENTITY NAME:

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	
	•	
SUB.	JECT: MIAMI METRO CLINIC, LLLP	
	Name of Florida Limited Part	nership or Limited Liability Limited Partnership
The e	enclosed Certificate of Limited Partners	ship and fees are submitted for filing.
Pleas	e return all correspondence concerning	this matter to:
	JAMES BURBAGE	
	Contact Person	
	MIAMI CLINIC, LLC	
	Firm/Company	
	1110 BRICKELLAVE SUITE 430	
	Address	
	MIAMI, FLORIDA 33131	
	City, State and Zip Code	
	GDASS77@GMAIL.COM	
F	E-mail address: (to be used for future annual re	port notification)
For f	urther information concerning this mat	ter, please call:
	GEORGE DASS	at ( 310 ) 415-0473
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclo	osed is a check for the following amoun	nt:
ري <sub>(\$9</sub>	000.00 Filing Fees \$1,008.75 Filing Fees 65 Filing Fee and and Certificate of 65 Registered Agent Status	\$1,052.50 Filing Fees S1,061.25 Filing Fees, Certified Copy, and Certificate of Status
Regis Divis Clifto 2661 Talla	EET ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
CR2E	030 (01/06)	

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

· ·	MIAMI METRO CLINIC, LLLP
Acceptable L	f Limited Partnership or Limited Liability Limited Partnership, which must include suffix) imited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. imited Liability Limited Partnership suffixes: Limited Liability Limited Partnership. L.L.L.P.
2.	1110 BRICKELL AVE, SUITE 430
	(Street address of initial designated office)
··· -·	MIAMI, FLORIDA 33131
•	MIAMI CLINIC, LLC
	(Name of Registered Agent for Service of Process)
	1110 BRICKELL, SUITE 430
	(Florida street address for Registered Agent)
	MIAMI, FLORIDA 33131
omply with.	accept the appointment as registered agent and agree to act in this capacity. I further agree to the provisions of all statutes relative to the proper and complete performance of my duties, iliar with and accept the obligations of my position as registered agent.
	MIAMI CRINIC LLC  By: August Miamic Constant Con
	By: Yung & Butan &
•	By: Signature of Registered Agent

Page 1 of 2

Certified Copy (optional):	\$1,000.00 (\$ \$52.50 \$8.75	965 Filing Fed	and \$35 Rep	gistered Agent Fo	ee)	
Signature of each general partner: I/V stated herein are true. I/We am/are av document to the Department of State s.817.155, F.S.	are that any	false inform	nation subr	nitted in a		
Signed this day of	JUNE		······································			
(Effective date cannot be prior to nor filed by the Florida Department of St	more than 9	00 days after	r the date ti	he document i	s	
9. Effective date, if other than the date of fil	ng:		<u>.,</u>	8		
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	AIAMI, FLORIDA 33131					
MIAMI CLINIC, LLC		BRICKELL,	<del></del>		··	
Name:	Business Address:					

Page 2 of 2