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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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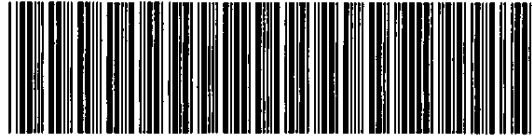
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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AUG 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOBIO BOSTWICK DESIGN PARTNERSHIP
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:

Abdel F. Martel

Contact Person

MOBIO ARCHITECTURE, INC.

Firm/Company

6505 Blue Lagoon Drive, Suite 455

Address

Miami, Florida 33126

City, State and Zip Code

contact@mobioarchitecture.com

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

For further information concerning this matter, please call:

Abdel F. Martel at (786) 877-8392

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. MOBIO BOSTWICK DESIGN PARTNERSHIP 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. 6505 Blue Lagoon Drive, Suite 455, Miami, Florida 33126
(Street address of initial designated office)

3. Abdel F. Martel
(Name of Registered Agent for Service of Process)

4. 6505 Blue Lagoon Drive, Suite 455, Miami, Florida 33126
(Florida street address for Registered Agent)

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. 6505 Blue Lagoon Drive, Suite 455, Miami, Florida 33126
(Mailing address of initial designated office)

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

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2016 JUN - 1 P 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

Abdel F. Martel

6505 Blue Lagoon Drive, Suite 455

Miami, Florida 33126

Eddie A. Alvarado

6505 Blue Lagoon Drive, Suite 455

Miami, Florida 33126

Robert L. Bostwick

2729 Prospect Avenue,

Cleveland, Ohio 44115

Michael C. Zambo

2729 Prospect Avenue,

Cleveland, Ohio 44115

2016 JUL - 1 P 4 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(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 26th. day of JULY, 2016.

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.

Eddy

Michael C. Zambo

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75