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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARIN, ELJAIK, & LOPEZ, PL
Account Number : 120030000013
Phone : (305)444-5969
Fax Number : (305)444-1939

2016 AUG 17 PM 3:33
ALLAHASSIE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@MELLAWYERS.COM

**FLORIDA/FOREIGN LP/LLLP
Brooklyn Partnership, L.P.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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AUG 18 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brooklyn Partnership, L.P.

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:

Carlos A. Marin, Esq.

Contact Person

Marin, Eljaiek & Lopez, PL

Firm/Company

2601 S. Bayshore Drive, Suite 850

Address

Coconut Grove, FL 33133

City, State and Zip Code

info@mellawyers.com

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

For further information concerning this matter, please call:

Carlos A. Marin

Name of Contact Person

at (305) 444-5969

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

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

1. Brooklyn Partnership, L.P.

*(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. c/o Mellaw Registered Agents, LLC
(Street address of initial designated office)

2601 S. Bayshore Drive, Suite 850, Coconut Grove, FL 33133

3. Mellaw Registered Agents, LLC
(Name of Registered Agent for Service of Process)

4. 2601 S. Bayshore Drive, Suite 850
(Florida street address for Registered Agent)

Coconut Grove, FL 33133

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. c/o Mellaw Registered Agents, LLC
(Mailing address of initial designated office)

2601 S. Bayshore Drive, Suite 850, Coconut Grove, FL 33133

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:

Gustavo Masri

2601 S. Bayshore Drive Suite 850

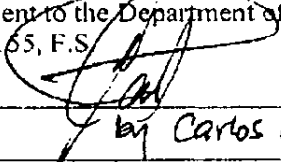
Coconut Grove, FL 33133

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 22nd day of June, 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.817.165, F.S.


by Carlos Marin as PDA

Filing Fees:

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

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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