

A16 000 000661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

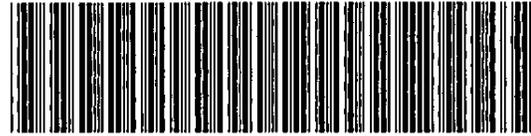
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2016

JENNIFER ZAKIN
120 E PALMETTO PARK RD SUITE 400
BOCA RATON, FL 33432

SUBJECT: EL SARINA 8, LLLP
Ref. Number: W16000068999

2016 NOV -8 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for EL SARINA 8, LLLP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 316A00021650

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Sarina 8, 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:

Jennifer E. Zakin, Esq.

Contact Person

Redgrave & Rosenthal LLP

Firm/Company

120 E. Palmetto Park Road, Suite 400

Address

Boca Raton, Florida 33432

City, State and Zip Code

jzakin@redgraveandrosenthal.com

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

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq.

Name of Contact Person

at (561) 347-1700

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. El Sarina 8, 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. 1727 West 27th Street
(Street address of initial designated office)

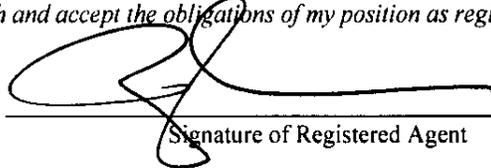
Miami Beach, Florida 33140

3. Jennifer E. Zakin, Esq.
(Name of Registered Agent for Service of Process)

4. 120 E. Palmetto Park Road, Suite 400
(Florida street address for Registered Agent)

Boca Raton, Florida 33432

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. 1727 West 27th Street
(Mailing address of initial designated office)

Miami Beach, Florida 33140

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

SS: 187.58.6053.

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TALLAHASSEE, FLORIDA

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8. Name and business address of each general partner:

Name:

Business Address:

John A. Cooper Revocable Trust dated April 25, 2008, as amended

1727 West 27th Street

Miami Beach, Florida 33140

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 27th day of Sept, 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.817.175, F.S.

John A. Cooper, Trustee of the
John A. Cooper Revocable Trust dated
April 25, 2008, As Amended, General
Partner

Filing Fees:
Certified Copy (optional):
Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
\$52.50
\$8.75