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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

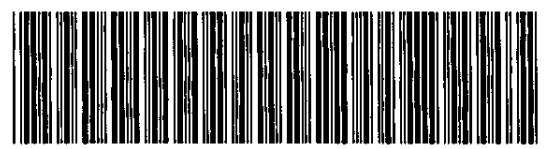
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT

DEC 05 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJEM HOLDINGS FAMILY LIMITED 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:

VALERIE AMAYA

Contact Person

MATHISON WHITTLES LLP

Firm/Company

5606 PGA BLVD, SUITE 211

Address

PALM BEACH GARDENS, FL 33418

City, State and Zip Code

VAMAYA@MATHISONWHITTLES.COM

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

For further information concerning this matter, please call:

VALERIE AMAYA

Name of Contact Person

at (561) 624-2001

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. MAJEM HOLDINGS FAMILY LIMITED PARTNERSHIP

(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. 2879 Rhone Drive

(Street address of initial designated office)

Palm Beach Gardens, FL 33410

3. Stephen S. Mathison, P.A.

(Name of Registered Agent for Service of Process)

4. 5606 PGA Blvd., Suite 211

(Florida street address for Registered Agent)

Palm Beach Gardens, FL 33418

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.*

STEPHEN S. MATHISON, P.A.

By: STEPHEN S. MATHISON, President

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6. 2879 Rhone Drive

(Mailing address of initial designated office)

Palm Beach Gardens, FL 33410

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

8. Name and business address of each general partner:

Name:

Business Address:

IRENE MILLER

2879 Rhone Drive

Palm Beach Gardens, FL 33410

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 November, 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.

Irene Miller
IRENE MILLER, General Partner

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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TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE