

A18000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

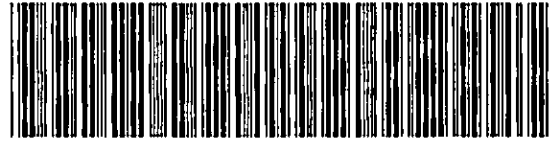
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/18/18--01018--015 \*\*1000.00

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2018 JAN 18 A 10:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

D. SCOTT  
JAN 18 2018



January 17, 2018

**VIA FEDERAL EXPRESS**

**7712 3613 1077**

Florida Department of State  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: EL MAJA LTD.  
File No.: 1200.301**

Dear Sir/Madam:

Enclosed herein is original Certificate of Limited Partnership for Florida Limited Partnership or Limited Liability Limited Partnership for the above captioned LTD. We enclose a check to cover the following costs:

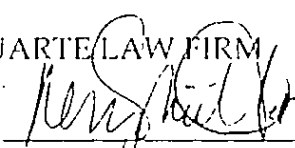
|                      |                |
|----------------------|----------------|
| Filing Fee for LTD   | \$965.00       |
| Registered Agent Fee | <u>\$35.00</u> |
| <br>Total for LTD    | <br>\$1,000.00 |

Please return, to the undersigned, your recording date acknowledged in the filing of the enclosed Articles.

Very truly yours,

DUARTE LAW FIRM

By

  
Nery Muller, Paralegal

ED:cm

Enclosures

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2018 JAN 18 A 10 20  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EL MAJA LTD

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:

\_\_\_\_\_  
Contact Person

Axial Management Services, LLC

\_\_\_\_\_  
Firm/Company

999 Ponce de Leon Blvd, Ste 650

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City, State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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 32311

CR2E030 (01/06)

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2018 JAN 18 A 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. EL MAJA LTD.

(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. 6187 Miami Lakes Drive  
(Street address of initial designated office)

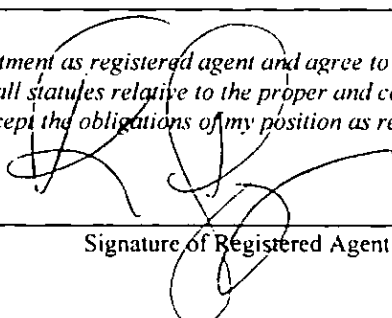
Miami Lakes, FL 33014

3. Axial Management Services, LLC  
(Name of Registered Agent for Service of Process)

4. 999 Ponce de Leon Blvd, Ste 650  
(Florida street address for Registered Agent)

Coral Gables, FL 33134

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. Same  
(Mailing address of initial designated office)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

WA SPORTS, LLC

6187 MIAMI LAKES DRIVE

MIAMI LAKES, FL 33014

RAMIRO ORTIZ

6187 MIAMI LAKES DRIVE

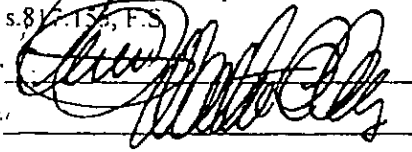
MIAMI LAKES, FL 33014

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 \_\_\_\_\_ day of \_\_\_\_\_.

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. 817.15, F.S.



RAMIRO ORTIZ

WALTER E. ALVAREZ, PRES.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

\$8.75

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TALLAHASSEE, FLORIDA

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