

3/19/20

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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 : RICHARDS & ASSOCIATES, PA.
Account Number : 120110000091
Phone : (305)858-9900
Fax Number : (305)489-7688

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TALLAHASSEE, 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: _____

FLORIDA/FOREIGN LP/LLLP
ETHEL FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ETHEL 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:

ELENA DIAZ

Contact: Person

RICHARDS & PARTNERS, P.A.

Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

MIAMI, FLORIDA 33133

City, State and Zip Code

ediaz@richards-law.com

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

For further information concerning this matter, please call:

ELENA DIAZ

at (305) 8589900

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

CR21E030 (6/17)

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2020 MAR 20 PM 4:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. ETHEL 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.P. or LLP.

2. 2665 SOUTH BAYSHORE DRIVE, SUITE 703

(Street address of initial designated office)

MIAMI, FLORIDA, 33133

3. WORLD CORPORATE SERVICES INC


(Name of Registered Agent for Service of Process)

4. 2665 SOUTH BAYSHORE DRIVE, SUITE 703

(Florida street address for Registered Agent)

MIAMI, FLORIDA, 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. 2665 SOUTH BAYSHORE DRIVE, SUITE 703

(Mailing address of initial designated office)

MIAMI, FLORIDA, 33133

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

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TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:Business Address:

SUNNA LLC

2665 SOUTH BAYSHORE DRIVE, SUITE 703

MIAMI, FLORIDA, 33133

DEPARTMENT 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 12 day of MARCH, 2020

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.

Fernan RodriguezAuthorized Representative of
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