

A22 000000693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

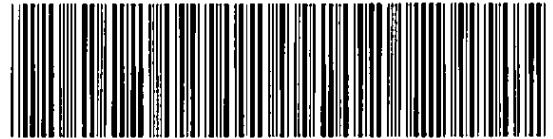
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12.14.2022 01:12:05 PM +0000

2022 DEC 13 PM 4:07

2022 DEC 13 AM 9:58

APPROVED
AND
FILED

DEC 14 2022

K. Brumblay

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 17 AMOUNT: 1000.00

AUTHORIZATION: *Jamir Lull*
R Mijares Family Limited Liability Limited Partnership

Business Name **Document Number, (if known):**

- Walk in Pick up time
 Mail out Will wait
 Photocopy
 Certified Copy
 Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP

AMMENDMENTS

- Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion

OTHER FILINGS

- Annual Report
 Fictitious Name
 APOSTIL. () _____
Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R MIJARES FAMILY LIMITED LIABILITY 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:

TANYA GARCIA VEGA
Contact Person
JONATHAN H. GREEN & ASSOCIATES P.A.
Firm/Company
901 PONCE DE LEON BLVD. SUITE 601
Address
CORAL GABELS, FL 33134
City, State and Zip Code
TGV@JHGLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya Garcia Vega at (305) 372-5100
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

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

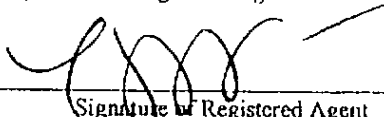
1. R MIJARES FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 901 PONCE DE LEON BLVD. SUITE 601
(Street address of initial designated office)
CORAL GABLES, FL 33134

3. TANYA GARCIA VEGA
(Name of Registered Agent for Service of Process)

4. 901 PONCE DE LEON BLVD. SUITE 601
(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. 901 PONCE DE LEON BLVD. SUITE 601
(Mailing address of initial designated office)
CORAL GABLES, FL 33134

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

APPROVED
AND
FILED
2022 DEC 13 AM 9:58
CLERK OF COUNTY COURT
DADE COUNTY, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

RAMON MIJARES ,TRUSTEE

901 PONCE DE LEON BLVD. SUITE 601

CORAL GABLES, FL 33134


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 13TH day of DECEMBER, 2022

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.

 _____

Filing Fees: \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75