P19500002004

LAW OFFICES
Caruncho & Mur
PROFESSIONAL ASSOCIATION
2800 DOUGLAS ROAD
SUITE 501
Coral Gables, Florida 33134

JOSEPH L. CARUNCHO
LAZARO J. MUR
ANA C. HARRIS
ANNETTE C. ONORATI

DADE (305) 441-8720
(305) 569-9469
FAX (305) 441-0480

December 12, 1995

600001665006
-12/19/95--01022--002
***1347.50 ***1347.50

Division of Corporations
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Ramlop Family Partnership

Dear Sir/Madam:

Enclosed please find for filing the original Certificate and Affidavit of Limited Partnership of Ramlop Family Partnership and a check in the amount of $1,347.50 for the filing fees as detailed below:

Filing Fee	$87.50
Registered Agent	35.00
Contribution Fee (based on$180,000 contribution)	$1,260.00
Total Filing Fee	$1,347.50

FILED
DEC 19 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kindly send the acknowledgement of filing to the undersigned and direct any questions you may have to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

CARUNCHO & MUR, P.A.

Annette C. Onorati

Annette C. Onorati

Name Availability	12/20/95 dcr
Document Examiner	
Updater	
Verifier	C
Acknowledgment	DCC
W. P. Verifyer	DCC

A95000002004

TC $180,000.00

Fax Audit No: _____

CERTIFICATE AND AFFIDAVIT OF FLORIDA LIMITED PARTNERSHIP OF RAMLOP FAMILY LIMITED PARTNERSHIP A FLORIDA LIMITED PARTNERSHIP

RAMLOPEZ FAMILY CORPORATION, a Florida corporation (the "General Partner") hereby makes, acknowledges, and files this Certificate of Limited Partnership (the "Certificate") for the Ramlop Family Limited Partnership, hereinafter referred to as the "Partnership".

1. Name of Partnership: The name of the Partnership is the Ramlop Family Limited Partnership, a Florida Limited Partnership.

FILED
95 DEC 08 PM 04:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Mailing Address and Principal Place of Business of the Limited Partnership: The mailing address and principal place of business of the Limited Partnership is 9800 S.W. 3rd Street, Miami, Florida 33174. The General Partner shall promptly give notice to the other Partners of any change of mailing address.

3. Name and Business Address of General Partner: The name and business address of the General Partner in the Partnership is as follows:

RAMLOPEZ FAMILY CORPORATION
9800 S.W. 3rd Street
Miami, Florida 33174

P95000078716

4. Effective Date: The Partnership will become effective upon the filing of this Certificate and shall terminate and dissolve no later than December 31, 2035.

Fax Audit No: _____
This instrument prepared by:
Ana C. Harris, Esquire
Florida Bar No: 705403
CARUNCHO & MUR, P.A.
2600 Douglas Road, Suite 501
Coral Gables, Florida 33134
(305)569-9469

Fax Audit No: _____

5. Agent and Address for Service of Process: The Agent for service of process on the Partnership shall be RAMLOPEZ FAMILY CORPORATION, 9800 S.W. 3rd Street, Miami, Florida 33174.

6. Capital Contributions: The undersigned herewith affirms that the total amount of Capital Contributions which the Limited Partners shall contribute is One Hundred Eighty Thousand and 00/100 ($180,000.00) Dollars.

7. Anticipated Additional Contributions: No additional contributions are anticipated, other than as set forth in paragraph 6.

IN WITNESS WHEREOF, the undersigned has hereunto affixed his signature and seal and swears to the foregoing as of the 30 day of November, 1995, in accordance with Florida Statutes Section 620.108.

FILED
95 DEC 1 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GENERAL PARTNER:

RAMLOPEZ FAMILY CORPORATION
a Florida corporation

By: Ramon Lopez
RAMON LOPEZ, President

Fax Audit No: _____

Fax Audit No: _____

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared RAMON LOPEZ, as President of RAMLOPEZ FAMILY CORPORATION, a Florida corporation, to me well known to be the person described in and who executed the foregoing instrument, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me at the County and State last aforesaid this 30 day of November, 1995.

NOTARY PUBLIC OFFICIAL NOTARY SEAL GERRI S COX COMMISSION NUMBER CC263152 MY COMMISSION EXP. FEB. 13,1997 STATE OF FLORIDA

Gerri S. Cox
NOTARY PUBLIC
STATE OF FLORIDA AT LARGE
GERRI S. COX

My Commission Expires:

FILED
95 DEC 19 PM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

I hereby accept the appointment of, and designation as, registered agent for service of process within the State of Florida of the proposed limited partnership named in the Certificate and Affidavit of Limited Partnership hereinabove set forth and do hereby further state that I may be found as registered agent for service of process upon said proposed corporation at the address set forth in paragraph 5 of this Certificate.

Dated this 30 day of November, 1995.

RAMLOPEZ FAMILY CORPORATION
Registered Agent

By: Ramon Lopez
RAMON LOPEZ, President

h:\lopez\cert.ltd

Fax Audit No: _____

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 18 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
RAMLOP Family Limited Partnership

1a. DOCUMENT # A95 000002004

2. New Mailing Address If Applicable
Suite Apt # etc
City State & Zip

2a. New Principal Office Address If Applicable
Suite Apt # etc
City State & Zip

Mailing Address
9800 S.W. 3rd Street
Miami, FL 33174

Principal Office Address
9800 S.W. 3rd Street
Miami, FL 33174

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

5980816944O5
-01/22/96--01033--006
****576.25 ****576.25

3. Date Formed or Registered to Do Business in FLORIDA
December 19, 1995

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record
$180,000.00

5b. Amount of Capital Contributions in FLORIDA to date
$180,000.00

6. FEI Number

X Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. **FEES:** 1.) Filing Fee Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

OR

1-19

9. Name and Address of Current Registered Agent
RAMLOPEZ Family Corporation
9800 SW 3rd Street
Miami, FL 33174

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt # etc
City
FL
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RAMLOPEZ Family Corporation	9800 S.W. 3rd Street	MIami, FL 33174	P95000078716

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Ramon Lopez

Typed or Printed Name of General Partner Signing Form: Ramon Lopez, President of RAMLOPEZ Family Corporation, General Partner

DATE

Telephone Number

CR2E003 (6/95)