LAW OFFICE OF

TELEPHONE: (305)854-3993 FAX: (305)854-7204

May 15, 1998

700002540367--- s

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: Our client: The Llanes Family Limited Partnerhsip

Gentlemen:

Attached please find the Certificate of Limited Partnership LLANES FAMILY LIMITED PARTNERSHIP and the Affidavit of Cabital Contributions along with our check for \$1,785.00 to cover filing fee and the designation of the registered agent.

If any additional information, monies and/or documentation arequired please call this office collect to expedite this matter. We have enclosed a self address envelope for your convenience.

Your anticipated cooperation is most appreciated.

Sincerelly

Perez, Esq. Artma/ndo

AAP/aa

Enclosure

cc: Franklin S. Llanes

Name Availability

Document Examiner

Verityer



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 1, 1998

ARMANDO A. PEREZ 1933 S.W. 27TH AVENUE, 2ND FLOOR MIAMI, FL 33145

SUBJECT: THE LLANES FAMILY LIMITED PARTNERSHIP

Ref. Number: W98000012375

SECRETARY OF STATE I

We have received your document for THE LLANES FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

The designation of the registered agent must be at a Florida street address.

Section 620.108, Florida Statutes, requires the certificate include the names and street addresses of the general partners.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 798A00030522

LAW OFFICE OF

Armando A. Perez, Esq.

ATTORNEY AND COUNSELOR AT LAW

1933 S.W. 27TH AVENUE BARRISTER BUILDING, 2ND FLOOR MIAMI, FLORIDA 33145

TELEPHONE: (305)854-3993 FAX: (305)854-7204

June 10, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Re: The Llanes Family Limited Partnership

Ref No: W-98000012375

### Gentlemen:

We have enclosed the following as per your request in your letter dated June 1, 1998. Please records same and returned a copy to our offices in the self addressed stamped envelope provided.

Should you need any further assistance please feel free to contact our offices.

Very truly yours,

Ama Alvarez

Secretary for Mr. Perez

encls.

98 JUN 12 PM 4: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## CERTIFICATE OF LIMITED PARTNERSHIP

THE LLAWES FAMILY WINITED VARINERSHY (Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership") (Business address of Limited Partnershi 2. (Name of Registered Agent for Service of Process) 3. address for Registered Agent) (Registered Agent must sign here to accept designation as Registered Agent for Service of Process) 670 NW 109 Are, 46, 71 Am, FL 39172 (Mailing Address of the Limited Partnership) The latest date upon which the Limited Partnership is to be olved is dissolved is Name of general partner(s): Specific address: 570 NW 109 Ave, \$5, 7, AMI. R. FRANKLIN A, LLANTS Signed this -/9 day of Signature of all general partners: -Partner General Partner General Partner

General Partner

General Partner

### CERTIFICATE OF LIMITED PARTNERSHIP

THE LLANES FAMILY WINITED VARINERSH (Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership") 2. (Business address of Limited Partnership) FRANKLIN A. LLANES 3. (Name of Registered Agent for Service of Process) address for Registered Agent) (Registered Agent must sign here to accept designation as Registered Agent for Service of Process) (Mailing Address of the Limited Partnership) The latest date upon which the Limited Partnership is to be dissolved is \_\_ Name of general partner(s): \_\_Specific address: 6 FRANKLIN A. LLANTS Signed this 19 day of \_ Signature of all general partners: General Partner General Partner General Partner General Partner General Partner

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSION	ENED constit	uting all	. of the	gen	eral par	tners of
THE LLANES FAMIL	4 LIMITED	PARMEN	EsitiP,	a	Florida	Limited
Partnership, cert	( Lify:					

The amount of capital contributions to date of the limited partners is \$\frac{\frac{1}{2}}{2}\frac{1}{2}\frac{

The total amount contributed and anticipated to be contributed by the limited partners at this time totals  $\frac{1}{2}$ 

## FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

V_		A.						
	Genéral	Partner			-	General	Partner	
	General	Partner				General	Partner	
*****	General	Partner		<del></del>		General	Partner	- -
	Dated, t	this	14	day of	<u></u>	m		_, 19_5}.

98 JUN 12 PM 4: 22
SECRETARY OF STATE