

A99000000151

J. L. Hoffman & Associates, P.A.
Requestor's Name

329 Granello Ave.
Address

Coral Gables, FL 33146
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) **400002742874--3**
-01/15/99--01005--004
3. _____
(Corporation Name) (Document #) ******140.00 ****140.00**
4. _____
(Corporation Name) (Document #)

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 15 AM 9:02

FF \$52.50
RA 35.00
ce 52.50

Examiner's Initials

MH

**Certificate of Limited Partnership
of
Miller Retail Centre, Ltd.**

The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, hereby certify and swear in this certificate of Limited Partnership to the following:

1. Name: The name of the Limited Partnership is: Miller Retail Centre, Ltd.
2. Registered Agent: The name and address of the Registered Agent for the Limited Partnership is :
Roland R. St. Louis, Jr.
2333 Ponce de Leon Blvd.
Suite 710
Coral Gables, FL 33134
3. General Partner: The name and business address of the General Partner is as follows:
99000000092
Miller Retail Centre, Inc.
2333 Ponce de Leon Blvd.
Suite 710
Coral Gables, FL 33134
4. Mailing Address: The mailing address for the Limited Partnership is as follows:
Miller Retail Centre, Ltd.
2333 Ponce de Leon Blvd.
Suite 710
Coral Gables, FL 33134
5. Principal Place of Business Address: The principal place of business address for the Limited Partnership is as follows:

Miller Retail Centre, Ltd.
2333 Ponce de Leon Blvd.
Suite 710
Coral Gables, FL 33134

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DIVISION OF CORPORATIONS

6. Dissolution Date: The latest date upon which the Limited Partnership is to dissolve is December 31, 2029.

IN WITNESS WHEREOF, the General Partner has caused this Certificate of Limited Partnership to be executed at Coral Gables, Florida this 11th day of January 1999.

Miller Retail Centre, Inc.,
a Florida corporation

By: 

Its: President

Acceptance

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts appointment as registered agent for Miller Retail Centre, Ltd., a Florida limited partnership, and accepts all obligations imposed on him as such under Florida law.

Executed this 14th day of January 1999.

Roland R. St. Louis, Jr.
2333 Ponce de Leon Blvd.
Suite 710
Coral Gables, Florida 33134

By: 

Affidavit

State of Florida)
) ss:
County of Dade)

The undersigned General Partner of Miller Retail Centre, Ltd. (the "Limited Partnership"), being duly sworn, deposes and says:

The total capital contributions of the limited partners of the Limited Partnership through this date are \$1,000 and the anticipated future capital contributions of the limited partners to the Limited Partnership are \$6,500.

Miller Retail Centre, Inc.,
a Florida corporation

By: _____

Its: President

State of Florida)
) ss:
County of Dade)

The foregoing instrument was subscribed and sworn to before me by Roland R. St. Louis, Jr., who is President of Miller Retail Centre, Inc., a Florida corporation, the General Partner of Miller Retail Centre, Ltd., this 11th day of January, 1999. He is personally known to me.



PEDRO A GONZALEZ
My Commission CC519579
Expires Dec 18 1999

Name: _____

Notary Public

State of Florida at Large

My commission expires: