B11000000225

(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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DELINOV 15 AM II: O

T. HAMPTON

EXAMINER

COVER LETTER

Division of Cor			•
SUBJECT: MAYNADA	VPARTNERS, LP		
	ie of Foreign Limited Parti	iership or Limited Liability	Limited Partnership
partnership to transact bu		•	a foreign limited partnership or limited liability limited
CARLOS GUAJARI	00		
nga gagaphilas nginga <u>na nahida nginga na nahida ngi</u> nga na nahida nginga na nahida na	Contact Person		
	Firm/Company		
1172 S. DIXIE HI		Market and the second s	
	Address		
CORAL GABLES,			
CARLOS.GUAJARD	ty. State and Zip Code O@MAYNADA.COM Sed for future annual repor	Ininification)	
For further information co	oncerning this matter, pleas	e catl:	
CARLOS GUAJAR	DO	at (305) 961	-1685
Name of Contac	Person	Area Code and Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
S1.000.00 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	Est,061.25 Filing Fee. Certified Copy. and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cu Tullahussee, FL 32301	rele	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahussee, FL 32314	



FLORIDA DEPARTMENT OF STATE

Division of Corporations

RECEIVED

11 NOV 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 18, 2011

CARLOS GUAJARDO 1172 S DISIE HWY # 537 CORAL GABLES, FL 33146

SUBJECT: MAYNADA PARTNERS, L.P.

Ref. Number: W11000053528

We have received your document for MAYNADA PARTNERS, L.P. and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 011A00023886

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

L MAYNADA PARTNERS, LP		
(Name of Limited Partnership or Limited Liability L. Acceptable Limited Partnership suffixes: Limited Partnership, L Acceptable Cimited Liability Limited Partnership suffixes: Limite	imited, L.P., LP, or Ltd	
If name unavailable, name under which the limited partnership of business in Florida: nor	or limited liability limited partnership proposes to rest contain acceptable suffix	gister to transact
2 DELAWARE	3, 09/02/2011	
State or Country of Formation	Date of Formation	
4. Name of Registered Agent for Service of Process and Florid	da Street Address:	
IZHM SERVICES, INC		
500 S DIXIE HIGHWAY, #302		
CORAL GABLES, FL 33146		
5. Thereby accept the appointment as registered agent and agree of all stances relative to the peoper and complete performance on position as registered agent Signature of F		
	Mailing Address:	
•	172 S. DIXIE HIGHWAY, #537	
CORAL GABLES, FL 33146 CO	ORAL GABLES, FL 33146	
). If limited partnership is a limited liability limited partnersh	tip, check box	
U. Name, principal office address, and mailing address of each	h general partner:	
Name of General Partner: MAYNADA INVESTORS OP, LLC	Name of General Partner:	
Street Address: 1172 S. DIXIE HIGHWAY, #537	Street Address:	······································
CORAL GABLES, FL 33146		
Mailing Address:	Mailing Address:	
Name of General Partner:	·	
Street Address:	Sheet Address:	ALL
Mailing Address:	Mailing Address:	VIS AM
Pa .	ge F of 2	FLORI STAT

Name of General Partners	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of t (Effective date cannot be prior to nor more the	filing: on 90 days after the date this document is filed by the Florala Department of State)
12. Attached is a certificate of existence duly a Florida Department of State, by the Secretary the law of which it is organized	nuthenticated, not more than 90 days prior to the delivery of this application to the of State or other official having custody of the entity's records in the jurisdiction under
Signed this 5 day of O	CTOBER
	> Surjard.
_	Signuture of a general partner
	nat the facts stated herein are true and the individual is aware that false information

Page 2 of 2

\$52,50 \$8,75

Filing Fees:

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

OIL NOV 15 AM II: 09

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAYNADA PARTNERS, L.P." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2011.

5033188 8300

111147631

You may verify this certificate online at corp.delaware.gov/authver.shtml

leffrey W. Bullock, Secretary of State

AUTHENTICATION: 9138748

DATE: 11-04-11