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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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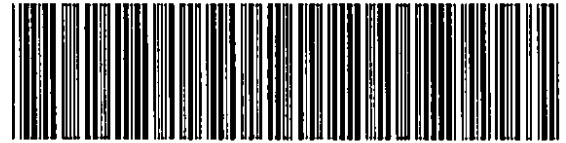
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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S. PRATHI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marina & Briana Limited Partnership
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Mitchell B. Kirschner, Esq.
Contact Person

Gray Robinson, P.A.
Firm/Company

225 NE Mizner Blvd., Suite 500
Address

Boca Raton, FL 33432
City, State and Zip Code

mitch.kirschner@gray-robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell B. Kirschner at (561) 368-3808
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,
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

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

1. Marina & Briana 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.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix.

2. Massachusetts

State or Country of Formation

3. October 9, 2012

Date of Formation

4. Federal Employer Identification Number 46-1416294

5. Name of Registered Agent for Service of Process and Florida Street Address:

Mitchell B. Kirschner, Esq.

Gray Robinson, P.A.

225 NE Mizner Blvd., Suite 500

Boca Raton, FL 33432

6. 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 am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent - Mitchell B. Kirschner

7. Principal Office:

300 North Country Club Blvd.

Boca Raton, FL 33487

8. Mailing Address:

300 North Country Club Blvd.

Boca Raton, FL 33487

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Michael Mele

Name of General Partner: Mele Management Company, Inc.

Street Address: 300 North Country Club Blvd.

Street Address: 300 North Country Club Blvd.

Boca Raton, FL 33487

Boca Raton, FL 33487

Mailing Address: 300 North Country Club Blvd.

Mailing Address: 300 North Country Club Blvd.

Boca Raton, FL 33487

Boca Raton, FL 33487

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FL

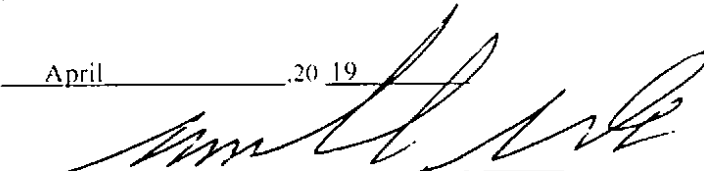
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Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this 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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this _____ 1st _____ day of _____ April _____, 20 19 _____


Signature of a general partner Michael Mele

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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

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TALLAHASSEE, FL
STATE



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

March 12, 2019

To Whom it May Concern:

I hereby certify that according to the records in this office, a Certificate of Formation of Limited Partnership was filed in this office by

MARINA & BRIANA LIMITED PARTNERSHIP

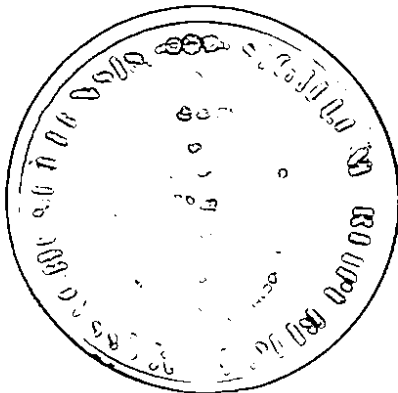
in accordance with the provisions of Massachusetts General Laws, Chapter 109, on **October 9, 2012**.

I further certify that said Limited Partnership has filed all annual reports due and paid all fees with respect to such reports; that said Limited Partnership has not filed a Certificate of Cancellation; that said Limited Partnership has not been administratively dissolved; and that, so far as appears of record, said Limited Partnership has legal existence and is in good standing with this office.

I also certify that the names of the General Partners as listed in the most recent filings are as follows:

MELE MANAGEMENT COMPANY, INC.
44 Byron St.
Worcester, MA 01606 USA

MICHAEL MELE
253 Hydepark Ave #18
Jamacia Plain, MA 02130 USA



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth