

A040000000139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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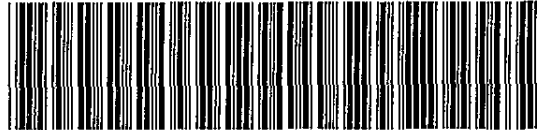
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECTION OF STATE
TALLAHASSEE, FLORIDA

BK

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tourist Plaza, Limited Partnership

Please
Asap!!

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TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File
☒ LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
☒ Cert. Copy x2
Photo Copy
☒ Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- By: Joseph S. Jebailey President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED
PARTNERSHIP**

The undersigned constituting all of the general partners of Tourist Plaza, Limited Partnership, a Florida limited partnership, certify:

The amount of capital contributions to date of the limited partners is \$6,000,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$6,500,000.00.

FURTHER AFFIANT SAYETH NOT.

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

Signed this 24th day of January 2004.

Signature of General Partner:

Byblos Development, Inc., a Florida corporation

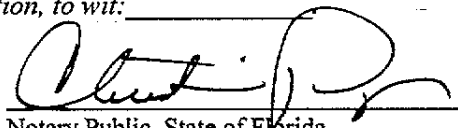
By:


Joseph S. Jebailey, President

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 24th day of January, 2004, by JOSEPH S. JEBAILLEY, as President of BYBLOS DEVELOPMENT, INC., a Florida corporation, on behalf of said corporation as the General Partner of Tourist Plaza, Limited Partnership. Said person (check one): ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit:

(SEAL)


Notary Public, State of Florida



CHRISTINA PAGE
MY COMMISSION # DD 167908
EXPIRES: November 28, 2008
Bonded Thru Budget Notary Services