0°00001838 Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040002323943)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

: CORPORATION SERVICE COMPANY 1/2C Account Name

Account Number : 120000000195 : (850)521-1000 Phone Fax Number : (850)558-1575

04 NOV 22 AM 9:

FLORIDA LIMITED PARTNERSHIP

STANARNA FAMILY LIMITED PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$140.00

Electronic Filing Menu

Corporate Filing

Public Access Help

CERTIFICATE OF LIMITED PARTNERSHIP OF STANARNA FAMILY LIMITED PARTNERSHIP, LTD.

1	STANARNA FAMILY LIMITED PARTNERSHIP, LTD.
	(Name of Limited Partnership; must contain suffix such as "Limited", "Ltd.", or
	"Limited Partnership")

- 2. 1400 Centrepark Blvd., Ste 310, West Paim Beach, FL 33401 (The Business Address of the Limited Partnership)
- 3. DAVID B. NORRIS
 (Name of Registered Agent for Service of Process)
- 712 U.S. Highway One, Ste 400, North Palm Beach, Ft.
 (Florida Street Address for Registered Agent)

5. (Registered Agent must sign here to accept designation as Registered Agent/for Service of Process)

 1400 Centrapark Blvd., Sta 310, West Palm Beach, FL 33401 (The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is <u>December</u> 31, 2035.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

STANARNA, LLC __

West Palm Besch, FL 33401

Under panalties of perjury I declare that I have read the foregoing and know the conferior thereof and that the facts stated herein are true and correct.

Signed this ______day of November, 2004.

Signature of all General Partners:

STANARNA, LLC., a Fiorida limited liability

dompany

Stanley R. Smith, Manager

Į į.

≥

O:

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of STANARNA FAMILY LIMITED PARTNERSHIP, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$100.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$100.00.

Signed this ______day of November, 2004.

FURTHER AFFIANT SAYETH NOT.

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

General Partner

STANARNA, LLC, a Florida limited liability

/ pompan

Stanley R. Smith, Manager

TARY OF STATE ASSEE, FLORID

LTDPringStandmaFamilyLtd.doc