A95000002091

SCOTT J. FAUX
Attorney at Law
1966 West 4055 South
West Valley City, Utah 84119

(801) 977-9087

200001674902
-01/02/96--01036--002
***2117.50 ****140.00

December 26, 1995

Division of Corporations
409 East Gaines
Tallahassee, Florida 32399

Re: Sanmartin Plus Limited Partnership,
a Florida Limited Partnership

To Whom It May Concern:

Enclosed for filing in your office is the original signed and completed copy of the Certificate of Limited Partnership for Sanmartin Plus Limited Partnership, a Florida Limited Partnership.

Enclosed is a check for $52.50 to cover the filing fee.

Also enclosed is a check for $35.00 to cover the Registered Agent fee.

Thank you for your assistance.

147

Sincerely,

Scott J. Faux
Attorney at Law

Enclosures

FILED
95 DEC 29 PM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

cc
12/29/95 cw

will wants

A95000002091

AFFIDAVIT
&
CERTIFICATE OF LIMITED PARTNERSHIP
OF
SANMARTIN PLUS LIMITED PARTNERSHIP
A Florida Limited Partnership

ARTICLE I. PARTNERSHIP NAME

The name of the Limited Partnership is Sanmartin Plus Limited Partnership.

ARTICLE II. OFFICE ADDRESS, NAME & ADDRESS OF REGISTERED AGENT

The address of the office of the Limited Partnership is 5880 Old Dixie Highway, Melbourne, Florida 32940.

The name and street address of the Registered Agent are:

Florian Braich	5880 Old Dixie Highway Melbourne, Florida 32940

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TALLAHASSEE FLORIDA

ARTICLE III.

The name and business address of the general partners are:

Florian Braich	5880 Old Dixie Highway Melbourne, Florida 32940
Angela Braich	5880 Old Dixie Highway Melbourne, Florida 32940

ARTICLE V. DATE OF TERMINATION

The latest date upon which the partnership will be dissolved is 25 years after the date of this Certificate of Limited Partnership.

ARTICLE VI. LIMITED PARTNERS CONTRIBUTIONS

The initial amount of Capital Contributions which will be contributed by the Partners is $5,000.

In witness whereof, the undersigned General Partners execute this Certificate of Limited Partnership.

General Partners:

Florian Braich

Dec. 28. 1995

Angela Braich

Dec. 28, 1995

CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, Florian Braich, hereby consent to serve as Registered Agent, in the State of Florida for Sanmartin Plus Limited Partnership. I understand that as agent for the partnership it will be my responsibility to accept Service of Process in the name of the partnership and to immediately notify the office of the Secretary of State in the event of my resignation or of any change in the Registered Office address of the limited partnership for which I am agent.

Dec. 28. 1995
Date

Florian Braich

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILE ON OR BEFORE APRIL 1, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 27 AM 10: 12

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # **A95000002091**

SANMARTIN PLUS LIMITED PARTNERSHIP

2. New Mailing Address, If Applicable

Suite Apt # etc 500001766935 -04/02/96--01113--002

City State & Zip ****191.25 ****191.25

2a. New Principal Office Address, If Applicable

Suite Apt # etc

City State & Zip

Mailing Address
5000 OLD DIXIE HWY.
MELBOURNE FL 32940

Principal Office Address
5000 OLD DIXIE HWY.
MELBOURNE FL 32940

BR 3/27/96

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/29/1995	N A	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$5,000.00	—		X Applied For / Not Applicable	[redacted] ☐

8. FEES: 1.) Filing Fee Computed at a rate of $7 per $1,000 on Amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN ($191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75))
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

BRAICH, FLORIAN
5000 OLD DIXIE HWY.
MELBOURNE FL 32940

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt # etc

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BRAICH, FLORIAN	5000 OLD DIXIE HWY.	MELBOURNE FL 32940	
BRAICH, ANGELA	5000 OLD DIXIE HWY.	MELBOURNE FL 32940	

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE Mar. 15. 96.

Type or Printed Name of General Partner Signing Form DR. FL. BRAICH. Telephone Number 407 - 723-2330

CR2E003 (11/95)