

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.

Sincerely,

Scott J. Faux

Scott J. Faux
Attorney at Law

Enclosures

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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

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

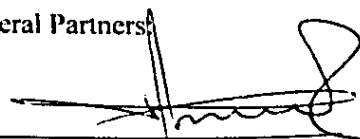
The latest date upon which the partnership will be dissolved is 25 years after the date of this Certificate of Limited Partnership.

ARTICLE VI. LIMITED PARTNERS CONTRIBUTIONS

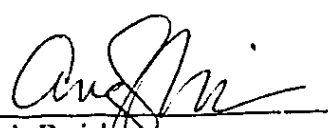
The initial amount of Capital Contributions which will be contributed by the Partners is \$5,000.

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

General Partners:


Florian Braich

Dec. 28, 1995


Angela Braich

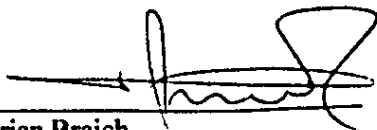
Dec. 28, 1995

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

FILED

FILE ON OR BEFORE APRIL 17, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Kertham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 27 AM 10:12

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002091

SANMARTIN PLUS LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt # etc 500001766935
-04/02/96--01113--002
City, State & Zip ***191.25 ***191.25

Mailing Address

5880 OLD DUNE HWY.
MELBOURNE FL 32940

Principal Office Address

5880 OLD DUNE HWY.
MELBOURNE FL 32940

PK

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 12/28/1995

3a. Date of Last Report
NA

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record \$5,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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
5880 OLD DUNE 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

Zip Code

FL

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

BRAICH, ANGELA

5880 OLD DUNE HWY.

5880 OLD DUNE HWY.

MELBOURNE FL 32940

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

Type or Printed Name of General Partner Signing Form

DR. FL. BRAICH.

Telephone Number

Mar. 15. 96.

407-723-2330

CR2E003 (1/1995)