

# A96000002201

Requestor's Name

TARA FINANCIAL SERVICES, INC.  
489 W. Minnehaha Ave. • Clermont, FL 34711  
Phone: 904/394-5984 • Mobile: 407/257-9235

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

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11/20/96--01062--001  
\*\*\*\*834.75 \*\*\*\*834.75

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

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NEW FILINGS	
<input type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A96-2201

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**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

November 21, 1996

**TARA FINANCIAL SERVICES, INC.**  
**489 W. MINNEHAHA AVENUE**  
**CLERMONT, FL 34711**

**SUBJECT: NIGA LIMITED PARTNERSHIP**  
**Ref. Number: W96000024738**

We have received your document for NIGA LIMITED PARTNERSHIP and your check(s) totaling \$834.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6020.

**Tammi Cline**  
Document Specialist

**Letter Number: 396A00053067**

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17:08

CORP INFO SERVICES, 222-8393

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# CERTIFICATE OF LIMITED PARTNERSHIP OF

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1. NIGA LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1221 Simpson Lane, Mount Dora, Florida 32757  
(The Business Address of Limited Partnership)
3. Tara Financial Service, Inc.  
(Name of Registered Agent for Service of Process)
4. 489 W. Minnehaha Ave., Clermont, FL 34711  
(Florida Street Address for Registered Agent)
5. *778 K. P. Tara Financial Services, Inc.*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6. 489 W. Minnehaha Ave. Clermont, FL 34711  
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 2006.

## 8. NAME OF GENERAL PARTNER(S)

## SPECIFIC ADDRESS

Irene T. Lazzeri

1221 Simpson Lane, Mount Dora, FL.

12/03/90

17108

CORP INFO SERVICES. 222-8393

005

Signed this 15th day of November, 1996.  
Signature of all general partners:

(X)

General Partner

General Partner

Irene T. Lazzari

General Partner

*Irene T. Lazzari*

General Partner

General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting all of the general partners of

NIGA LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 113,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 113,000.00.

This 15th day of November, 19 96.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

(X)

General Partner

General Partner

General Partner

Irene T. Lazzeri

General Partner

General Partner

Irene T. Lazzeri  
General Partner

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