A98000001113

FILINGS, INC. TERESA ROMAN
(Requestor's Name)

2805 LITTLE DEAL ROAD
(Address)

TALLAHASSEE, FLORIDA 32308 (904) 385-6735
(City, State, Zip) (Phone #)

OFFICE USE ONLY

600002510066--4
-05/05/98--01001--005
****577.50 ****577.50

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

1. CaLi, Ltd
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAY -5 PM 3:51

☒ Walk in ☐ Pick up time _____ ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

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DIVISION OF CORPORATIONS

577.50 5/4/98

LP- 525.00
CERT 52.50

Examiner's Initials

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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May 4, 1998

FILINGS, INC.

TALLAHASSEE, FL

SUBJECT: GALI, LTD
Ref. Number: W98000009986

We have received your document for GALI, LTD and your check(s) totaling $577.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your $577.50 payment.

Please list the NAME and FLORIDA STREET ADDRESS of the partnrship's REGISTERED AGENT in Item 2. As it stands, Item 2 only lists the principal office address of the partnership. THIS IS REQUIRED. DO NOT DELETE. But please add the name and address of the agent.

ALSO, PLEASE have the REGISTERED AGENT sign a statement accepting the R.A. appointment.

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

If you have any questions concerning the filing of your document, please call (850) 487-6914.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Buck Kohr
Corporate Specialist

Letter Number: 898A00024403

CERTIFICATE OF LIMITED PARTNERSHIP

OF

GALI, LTD

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I. NAME OF LIMITED PARTNERSHIP:
GALI, LTD

II. ADDRESS OF OFFICE AND NAME OF REGISTERED AGENT:
The address of GALI, LTD is: 1111 Lincoln Road, Suite #810, Miami Beach, Florida 33139.
Registered Agent Martin W. Wasserman, 999 Washington Ave. Miami Beach, Fl. 33139

III. GENERAL PARTNER:
The name and address of the General Partner is as follows:
A) OPIE, INC. Suite #810, 1111 Lincoln Road, Miami Beach, Florida 33139.

P98000040220

IV. MAILING ADDRESS FOR GALI, LTD IS:
Suite #810, 1111 Lincoln Road, Miami Beach, Florida 33139.

V. DATE OF DISSOLUTION:
The latest date for dissolution of GALI, LTD is the 31st day of December, 2050.

Signed this 1 day of MAY, 1998.

Name of General Partner:
Opie, Inc., a Florida corporation

Specific Address:
1111 Lincoln Road, Suite #810, Miami Beach, Florida 33139.

GALI, LTD.

By: OPIE, INC., a Florida Corp. as General Partner

LAZARO MARTINEZ, President

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned officer, a Notary Public, authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared LAZARO MARTINEZ, President of OPIE, INC., as General Partner of GALI, LTD, who is personally known to me or produced N/A as identification this 1 day of MAY, 1998.

NOTARY PUBLIC

ANNE R. OSMAN
My Commission Expires 12/28/98
Commission No. CC428108

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

COUNTY DADE

BEFORE ME, the undersigned authority, personally appeared, LAZARO MARTINEZ, President, of OPIE, INC., a Florida Corporation, as sole General Partner of GALI, LTD., a Florida Limited Partnership, hereafter referred, and states as follows:

1. The amount of capital contribution of the General Partner is $1,000.00.

2. The amount of the anticipated capital contribution of the Limited/partner is Seventy Thousand ($70,000.00) Dollars.

Signed this 1 day of ~~April~~ MAY, 1998.

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

OPIE, INC., a Florida corporation

BY: _____
LAZARO MARTINEZ

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared LAZARO MARTINEZ, President of OPIE, INC., a Florida corporation, personally known to me and by me to be the person who executed the foregoing Affidavit of the Capital Contribution, and he acknowledged to me and before me that he executed this affidavit on behalf of GALI, LTD., a Florida Limited Partnership.

IN WITNESS WHEREOF, I have hereto set my hand and seal in the State and County aforesaid this 1st day of MAY, 1998.

My commission number is:
My commission expires:

_____
NOTARY PUBLIC

ANNE R. OSMAN
My Commission Expires 12/28/98
Commission No. CC428108

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 , Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

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1. The name of the corporation is: GALI, LTD.

2. The name and address of the registered agent and office is:

MARTIN W. WASSERMAN
(Name)

999 WASHINGTON AVENUE
(P.O. Box NOT acceptable)

MIAMI BEACH, FLORIDA 33139
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE Martin W Wasserman

DATE 5-4-98

REGISTERED AGENT FILING FEE: $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E013(6/92)