

A99000001689

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fla. 32314

Sept. 22, 1999

100003000341--1

-09/29/99-01054-004

****148.75 ****148.75

Re: Formation Of A Florida Limited Partnership

Dear Sir:

Please find enclosed the documents required to file for the
formation of a Florida Limited Partnership.

To Wit: Certificate Of Limited Partnership

Affidavit Of Captitol Contributions

The contact person shall be: L. M. La Coste, Sr.

2810 Copter Road

Pensacola, Fla. 32514

Ph. 850-476-7058

Please send the acknowledgement and all other correspondence to
the above address.

A check for the filing fees is enclosed:

Filing Fee ----- 52.50

Registered Agent----- 35.00

Certified Copy ----- 52.50

One certificate----- 8.75

Total ----- \$148.75

Thank you for your assistance.

Sincerely,



L. M. La Coste, Sr.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 14 PM 2:55

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00789/02544/00611/00654/00671

1099-22031

10-14-99



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 1999

L.M. LA COSTE, SR.
2810 COPTER ROAD
PENSACOLA, FL 32514

SUBJECT: N E T , LTD.
Ref. Number: W99000022831

We have received your document for N E T , LTD. and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The registered agent must sign accepting the designation.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

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

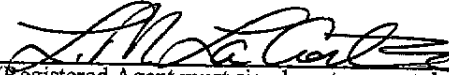
If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 699A00048030

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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

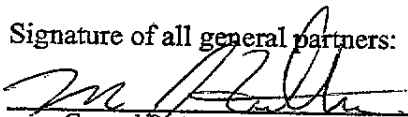
1. Med. Cab. Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2810 Copter Road, Pensacola, Fla. 32514
(Business address of Limited Partnership)
3. Lawrence Melvin La Coste, Sr.
(Name of Registered Agent for Service of Process)
4. 1374 Mazurek Blvd. Pensacola, Fla. 32514
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2810 Copter road Pensacola, Fla. 32514
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: Jan. 3, 2020
8. Name(s) of general partner(s):
Street address:

<u>L. M. La Coste, Sr.</u>	<u>1374 Mazurek Blvd. Pensacola, Fla 32514</u>
<u>Marc Fuller</u>	<u>4653 Dean Drive, Pace, Fla. 42571</u>
_____	_____
_____	_____

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

Signed this 22 day of SEPTEMBER, 19 99

Signature of all general partners:


General Partner


General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____

Med Cab, Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 400.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 2000.00

Signed this 22 day of September, 19 99

FURTHER AFFIANT SAYETH NOT.

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



General Partner

General Partner

General Partner



General Partner

General Partner

General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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