Ed Tribble
Florida Information Associates Inc.
Request's None
P.O. Box 1114

Iddress

Tallahassee, FL 32302-3144

City/State/Zip Phone #

(850) 878-0188

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): HOMETOWN LIMITED PARTNERSHIP (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) XX Certified Copy XX Walk in ☐ Pick up time Mail out ☐ Will wait Certificate of Status Photocopy **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIF Annual Report Foreign XXX Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 23, 2002

ED TRIBBLE FLORIDA INFORMATION ASSOCIATES, INC. TALLAHASSEE, FL

SUBJECT: HOMETOWN LIMITED PARTNERSHIP

Ref. Number: W02000015053



We have received your document for HOMETOWN LIMITED PARTNERSHIP and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$140.00 payment.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

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) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 602A00033445

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CERTIFICATE AND AFFIDAVIT OF FLORIDA LIMITED PARTNERSHIP

HOME STONE LIMITED PARTNERSHIP A FLORIDA LIMITED PARTNERSHIP

HOME VISION MANAGEMENT LLC, a Florida limited liability company (the "General Partner"), hereby makes, acknowledges and files this Certificate of Limited Partnership (the "Certificate") for HOME STONE LIMITED PARTNERSHIP (hereinafter referred to as the "Partnership").

- 1. Name of Partnership. The name of the Partnership is HOME STONE LIMITED PARTNERSHIP.
- 2. Mailing Address and Principal Place of Business of the Limited Partnership. The mailing address of the Partnership is 2665 S. Bayshore Drive, Suite 703, Miami, FL 33014. The principal place of business is located at 11737 N.W. 5th Street, Plantation, FL 33325. The General Partner shall promptly give notice to the other Partners of any change of mailing address.
- 3. Name and Business Address of General Partner. The name and business address of the General Partner of the Partnership is as follows:

Home Vision Management LLC 11737 N.W. 5th Street Plantation, FL 33325

- 4. **Effective Date.** The Partnership will become effective upon the filing of this Certificate and shall terminate and dissolve no later than February 31, 2049.
- 5. Agent for Service of Process. The Agent for service of process on the Partnership shall be World Corporate Services, Inc., 2665 South Bayshore Drive, Suite 703, Miami, FL 33133.

GENERAL PARTNER:

HOME VISION MANAGEMENT LLC, a Florida limited liability company

Christine Lambrechts, Manager

CERTIFICATE AND AFFIDAVIT OF FLORIDA LIMITED PARTNERSHIP OF HOME STONE LIMITED PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR HOME STONE LIMITED PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting the sole General Partner of HOME STONE LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies:

The total amount of capital contributions to date by the Limited Partners is One Thousand Dollars (\$1,000.00).

The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals One Thousand Dollars (\$1,000.00).

Signed this 3 day of _______, 2002.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER:

HOME VISION MANAGEMENT LLC, a Florida limited liability company

By: Christine Lambrechts, Manager

STATE OF FLORIDA

) ss:

COUNTY OF MIAMI-DADE

I HEREBY CERTIFY on this 3 day of 2002, before me, Christine Lambrechts, Manager of Home Vision Management LLC, executed the foregoing Affidavit of Capital Contributions of Home Stone Limited Partnership.

My Commission Expires:

H:\CLIENTS\Lambrechts\FLP\FLP Aff.doc

AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF HOME STONE LIMITED PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP Notary Public, State of Florida at Large

MITCHELL S. POLANSKY
MY COMMISSION # CC 912966
EXPIRES: April 2, 2004
Bondad Thru Notary Public Undorwriters

STATE OF FLORIDA)	`	-				
COUNTY OF MIAMI-DADE))ss:					
I HEREBY CERTIFY Lambrechts as Manager of Home Affidavit of Florida Limited Partne	Vision Ma	anagement LJ	C, executed	the foregoin	re me,	Christi i्ह्यe a	ine ınd
MITCHELL S. POLANSKY MY COMMISSION # CC 912966 EXPIRES: April 2, 2004 Bonded Thru Notary Public Underwriters		A	1		AHASSEE.	JUN -4 PM	
My Commission Expires:	Ĺ	Notary Publ	lic, State of FI	orida at Larg	e ORIDA	1: 40	

ACCEPTANCE OF REGISTERED AGENT

I HEREBY ACCEPT the appointment as registered agent for service of process within the State of Florida of the limited partnership named Home Stone Limited Partnership as set forth in the Certificate and Affidavit of Limited Partnership hereinabove set forth and hereby further state that I may be found as registered agent for service of process upon said partnership at the address set forth in Paragraph 5 of this Certificate.

Dated this 3 day of JUNE 2002.

Timothy D/Richards, President World Corporate Services, Inc.,

a Florida corporation Registered Agent

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