A03000000786

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		:

Office Use Only



400018937304

05/22/03--01048--020 **1837.50

OB MAY 22 AM II: 47
DEPARTMENT ON STATE OF THE PARAMENTS OF THE PARAMENT OF TH







ACCOUNT NO.: 07210000032

REFERENCE: 103291 4326591

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: May 22, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 103291-005

CUSTOMER NO: 4326591

CUSTOMER: Sandy Bordwell, Legal Asst

Fowler White Boggs Banker P.a.

Suite 1700

501 East Kennedy Boulevard

Tampa, FL 33602

ADTICIDE OF INCODDODATION

CONTACT PERSON: Sara Lea - EXT. 1114

DOMESTIC FILING

NAME:

SAM & JOSEPHINE, LTD.

EFFECTIVE DATE:

XX	CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XXCERTIFIED COPYPLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CERTIFICATE OF LIMITED PARTNERSHIP SAM & JOSEPHINE, LTD.

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

- 1. Name. The name of this limited Partnership shall be "SAM & JOSEPHINE, LTD."
- 2. <u>Registered Agent and Address</u>. The office and the name of the agent for service of process required to be maintained is as follows:

Sam Agliano 5002 North Howard Avenue Tampa, Florida 33603

3. General Partners. The name and business address of each general partner is:

Sam Agliano 5002 North Howard Avenue Tampa, Florida 33603

Josephine Agliano 5002 North Howard Avenue Tampa, Florida 33603

4. Mailing Address. The principal office and mailing address of the limited partnership is:

5002 North Howard Avenue Tampa, Florida 33603

5. <u>Termination Date</u>. The latest date upon which the limited partnership is to dissolve is December 31, 2053.

Sam Agliano, General Partner and Registered Agent

Josephine Agliano, General Partner

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 2/ of May, 2003, by SAM AGLIANO, who is personally known to me or who has produced ______ as

identification.

Print Name

"NOTARY PUBLIC"

My Commission Expires:

J. Bordwell
Commission # DD 010541
Expires March 22, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this $\frac{2}{2}$ of May, 2003, by JOSEPHINE AGLIANO, who is personally known to me or who has produced

N/A as ic

as identification.

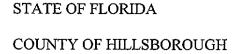
Print Name

"NOTARY PUBLIC"

My Commission Expires:

A:\Agliano.Certificate.wpd







AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared SAM AGLIANO and JOSEPHINE AGLIANO, known to me to be the general partners of SAM & JOSEPHINE, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

- 1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,980.00.
- 2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$20,000,000.00.

Sam Agliano, General Partner

Josephine Agliano, General Partner

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 2/ of May, 2003, ESAME

AGLIANO, who is personally known to me or who has produced ____

26

identification.

Print Name

& Bordwell

"NOTARY PUBLIC"

My Commission Expires:

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

RIDA

Bonded Thru

Atlantic Bonding Co., Inc.

JOSEPHINE AGLIANO, who is personally known to me or who has produced

N/A as ident

as identification.

The foregoing instrument was acknowledged before me this

/Print Name

0 /20,000

"NOTARY PUBLIC"

My Commission Expires:

A:\Agliano.Affidavit.wpd

