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Greenberg, Irving
Requester's Name

101 E. College Street
Address

Tall, FL 33301 222-6891
City/State/Zip Phone #

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****735.00 ****735.00

Office Use Only

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

1. Lanch Pad XIV, LTD
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. LP - 735
(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
LAUNCHPAD XIV, LTD.**

THE UNDERSIGNED, constituting the sole general partner of **LAUNCHPAD XIV, LTD.** (the "Partnership"), does hereby submit the following information in accordance with the Florida Revised Limited Partnership Act (1986) to make public the information of the Partnership:

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1. **Name:** The name of the Partnership shall be:
LAUNCHPAD XIV, LTD.
2. **Registered Agent:** The Registered Agent and Registered Office of the Partnership in the State of Florida is:

Name: Corporation Service Company.

Address: 1201 Hays Street, Tallahassee, Florida, 32301-2607.

The Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of **LAUNCHPAD XIV, LTD.**, at the place designated in this Certificate of Limited Partnership of **LAUNCHPAD XIV, LTD.**, I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

Deborah D. Skipper

Deborah D. Skipper, as agent of Corporation Service Company, its Registered Agent

3. **General Partner:** The name and address of the general partner of the Partnership is:

LOUWUXO1201

Launchpad XIV, LLC
4350 West Cyprus Street
Suite 440
Tampa, Florida 33607

4. **Partnership Address:** The office and mailing address for the Partnership shall be: 4350 West Cyprus Street, Suite 440, Tampa, Florida 33607.

5. **Dissolution:** The latest date upon which the Partnership will dissolve is December 31, 2049.

IN WITNESS WHEREOF, the undersigned does hereby execute this Certificate of Limited Partnership and attach an Affidavit declaring the amount of the capital contribution of the limited partners and the anticipated amount to be contributed by the limited partners.

LAUNCHPAD XIV, LLC, a Florida
limited liability company, as general
partner

By: _____

Tom Mancino, Managing Member

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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BEFORE ME, the undersigned, general partner of LAUNCHPAD XIV, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", who upon being sworn, certify as follows:

1. The amount of capital contributions of the limited partners contributed to date is \$ zero.
2. The total amount anticipated to be contributed to the capital of the limited partners is \$100,000.

Dated this 4 day of February, 2000.

FURTHER AFFIANT SAYETH NOT.

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

**LAUNCHPAD XIV, LLC, a Florida
limited liability company, as general
partner**

By:


Tom Mancino, Managing Member