

A000000000794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

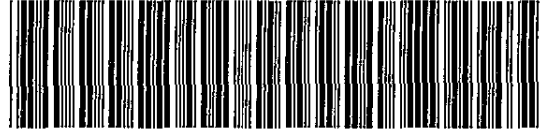
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04 MAY 12 AM 11:38
DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DiFilippo Enterprises Ltd.

File 3rd

Signature _____

Requested by: *W/L*

Name _____

Date *5/12*

Time *11:00*

Walk-In _____

Will Pick Up _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

____ Art of Inc. File
☒ *man* LTD Partnership File
____ Foreign Corp. File
____ L.C. File
____ Fictitious Name File
____ Trade/Service Mark
____ Merger File
☒ Art. of Amend. File *Ltd.*
____ RA Resignation
____ Dissolution / Withdrawal
____ Annual Report / Reinstatement
____ Cert. Copy
☒ Photo Copy
____ Certificate of Good Standing
____ Certificate of Status
____ Certificate of Fictitious Name
____ Corp Record Search
____ Officer Search
____ Fictitious Search
____ Fictitious Owner Search
____ Vehicle Search
____ Driving Record
____ UCC 1 or 3 File
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**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

FILED
04 MAY 12 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners of DIFILIPPO ENTERPRISES LIMITED

PARTNERSHIP, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 0

This 11TH day of MAY, 2004

FURTHER AFFIANT SAYETH NOT.

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

By: CO W. LHO General Partner(s)
Secretary

DIFILIPPO INVESTMENTS, INC.

GENERAL PARTNER

215 SEASPRAY AVENUE

PALM BEACH FL 33460

Fees:

\$7 per \$1000, based on additional
contributions

Minimum \$ 52.50

Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314