

Division of Corporations

Page 1 of 1

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
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Phone : (305) 357-5775
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 31 PM 1:03

FLORIDA LIMITED PARTNERSHIP

Hallandale Place, Ltd.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 31 PM 1:44

FILED

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$140.00

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
HALLANDALE PLACE, LTD.**

This Certificate of Limited Partnership is prepared and filed in order to form a limited partnership in accordance with Sections 620.108 and 620.8902, Florida Statutes.

1. Hallandale Place Joint Venture, a general partnership was converted to a limited partnership.
2. The name of the limited partnership will be Hallandale Place, Ltd.
3. All general partners voted in favor of the conversion.

4. The address of the office and the name and address of the agent for service of process on the limited partnership is:

Allen D. Fuller
201 Alhambra Circle, Suite 602
Coral Gables, FL 33134

5. The name and business address of the sole general partner is:

Hallandale Place, LLC
201 Alhambra Circle, Suite 602
Coral Gables, FL 33134

6. The mailing address for the limited partnership is:

c/o Allen D. Fuller, Esquire
201 Alhambra Circle, Suite 602
Coral Gables, FL 33134

7. The term of the limited partnership shall commence upon the filing of this Certificate with the Florida Department of State, and the latest date upon which the limited partnership is to dissolve is December 31, 2040.

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TALLAHASSEE, FLORIDA

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The undersigned general partner has executed this Certificate of Limited Partnership this
23 day of May, 2000.

GENERAL PARTNER:

Hallandale Place, LLC, a Florida limited liability company

By: _____

Allen D. Fuller, Trustee, Member

The undersigned accepts the foregoing designation as the agent for service of process on Hallandale Place, Ltd., and agrees to act in that capacity.

Allen D. Fuller

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

§
§
§

SS

COUNTY OF MIAMI-DADE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, Allen D. Fuller, Trustee, as Member of the sole general partner of Hallandale Place, Ltd., a Florida limited partnership, being first duly sworn on oath, deposes and says:

1. That he is a Member Hallandale Place, LLC, a Florida limited liability company, and in that capacity has full authority to sign this Affidavit on behalf of the partnership.
2. That Hallandale Place, LLC is the sole general partner of Hallandale Place, Ltd., a Florida limited partnership:

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3. That the amount of the capital contributions of the limited partners and the total amount anticipated to be contributed by the limited partner at this time is \$100.00.

FURTHER AFFIANT SAYETH NOT.

GENERAL PARTNER:

Hallandale Place, LLC, a Florida limited liability company

By: _____

Allen D. Fuller, Trustee, Member

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority personally appeared Allen D. Fuller, Trustee, as Member of the sole general partner of Hallandale Place, Ltd., a Florida limited partnership, who is personally known to me or who has produced _____ as identification and who did take an oath, acknowledged before me that he executed the foregoing instrument for the purposes herein expressed.

WITNESS MY HAND and official seal at Miami-Dade County, Florida, this 23 day of May, 2000.

Signature

Mariene Gonzalez
Commission # GG 808699
Expires Mar. 26, 2003
Printed Name Thru
Atlantic Bonding Co., Inc.
Notary Public, State of Florida

Notarial Seal:

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