

Financial Stress Reduction, Inc.
P.O. Box 270190
Tampa, FL 33688-0190

To:

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-06/30/00--01078--002
*****87.50 *****87.50

Office Use Only

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

1. ^{M&F} Florida Department of State (Corporation Name) 1113 (Document #) _{v-1701}
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ 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

FILED
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STATE
TALLAHASSEE
FLORIDA

1113
7/17

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 6, 2000

FINANCIAL STRESS REDUCTION, INC.
PO BOX 270190
TAMPA, FL 33688-0190

SUBJECT: THE ^{M & F} ~~E & M~~ FAMILY LIMITED PARTNERSHIP, LTD.
Ref. Number: W00000017017

We have received your document for THE ^{M & F} ~~E & M~~ FAMILY LIMITED PARTNERSHIP, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your certificate must explicitly state what information it is providing, such as "Name of Limited Partnership," etc. Please use the enclosed blank form or follow its format when making your own form.

The designation of the registered agent must be at a Florida street address.

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) 487-6958.

Lee Rivers
Document Specialist

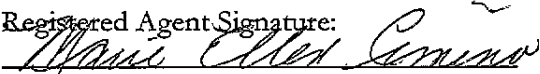
Letter Number: 900A00037499

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. Name of Limited Partnership is
THE ~~E & M~~ FAMILY LIMITED PARTNERSHIP, LTD.
M & F
2. Business Address of the Limited Partnership is:
P.O. BOX 270190 - TAMPA FL 33688-0190
3. Name of Registered Agent of Service of Process is:
Marie Ellen Cimino
4. Florida Street Address of the Registered Agent is:
18523 Crooked Lane Lutz FL 33549
5. Registered Agent Signature:

Marie Ellen Cimino
6. Mailing Address of the Limited Partnership:
P.O. BOX 270190 - TAMPA FL 33688-0190
7. The latest date upon which the Limited Partnership is to be dissolved is
7/1/2025

Names of the General Partners,

Frank Cimino, Jr.

18523 Crooked Lane
Lutz FL 33549

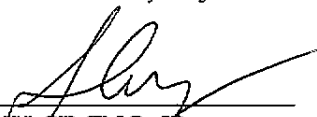
Marie Ellen Cimino

18523 Crooked Lane
Lutz FL 33549

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Signed this 1st day of JULY 2000


FRANK CIMINO, JR.


MARIE ELLEN CIMINO

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of THE ^{MLF}~~ELM~~ FAMILY LIMITED PARTNERSHIP, LTD. A Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$1,000

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.

Signed this 1st day of July 2000

FURTHER AFFIANT SAYETH NOT.

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


FRANK CIMINO, JR.


MARIE ELLEN CIMINO

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