

# A00000001320

UPS  
5AV441

Requester's Name

DANIEL DELIEGE

Name (Printed or typed)

13899 BISCAYNE BLVD. SUITE 400  
Address

N. MIAMI BEACH, FL 33181  
City, State & Zip

Office Use Only

00 AUG - 9 AM 10: 12

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CO#

NUMBER(S), (if known):

1. (305) 341-3456  
Daytime Telephone number (Document #)

2. Manager for Daniel Deliege  
(Corporation Name) (Document #) GAVE

3. AUTHORIZATION BY PHONE TO  
(Corporation Name) (Document #)

4. CORRECT off. # 2  
8/23/00  
(Corporation Name) (Document #)

000003351570--1

-08/09/00--D1106--008

\*\*\*166.25 \*\*\*157.50

Walk in  EXAM  Pick up time

Certified Copy

Mail out  Will wait

Photocopy

Certificate of Status

### NEW FILINGS

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

Document Examiner

### OTHER FILINGS

- Annual Report
- Fictitious Name

U. or P. Verifier

Acknowledgment

U. or P. Verifier

### AMENDMENTS

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

### REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

~~100-20705~~

FL 4

FF \$ 105.00  
Cus + cert 61.25

*Handwritten notes:*  
8/23/00  
Cred

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. 84 FILMS LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 13899 BISCAYNE BLVD. SUITE 400 N. MIAMI BEACH, FL 33181  
( Business address of Limited Partnership)

3. ANA OLIVO  
(Name of Registered Agent for Service of Process)

4. 13899 BISCAYNE BLVD. SUITE 400 N. MIAMI BEACH, FL 33181  
(Florida street address for Registered Agent)

5. Ana Olivo  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 13899 BISCAYNE BLVD. SUITE 400/N. MIAMI BEACH, FL 33181  
( Mailing Address of the Limited Partnership)

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7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2020

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: 900-50027

GOLAN DANIELS, INC. 13899 BISCAYNE BLVD. SUITE 400  
\_\_\_\_\_  
N. MIAMI BEACH, FL 33181  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed this 4th day of August, 19 2000.

Signature of all general partners:  
[Signature] \_\_\_\_\_ General Partner  
\_\_\_\_\_  
General Partner  
\_\_\_\_\_  
General Partner  
\_\_\_\_\_  
General Partner

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

The undersigned constituting all of the general partners of \_\_\_\_\_

4 FILMS LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

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The amount of capital contributions to date of the limited partners is \$ 10,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 10,000.00

Signed this 4<sup>th</sup> day of August, 19 2000

FURTHER AFFIANT SAYETH NOT.

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

*Frank J. Greco*  
General Partner

\_\_\_\_\_  
General Partner