

*Barbara Welch*  
*Ansercomm*  
Requester's Name  
*205 Chester Ave.*  
Address  
*Moorestown, NJ 08057*  
City/State/Zip Phone #  
*(856) 866-3939*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC -5 AM 8:33

Office Use Only

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

*1. Addooooo1871* 000003474880--6  
(Corporation Name) (Document #)  
-11/22/00--01079--019  
\*\*\*1750.00 \*\*\*1750.00  
2. \_\_\_\_\_  
(Corporation Name) (Document #)  
3. \_\_\_\_\_  
(Corporation Name) (Document #)  
4. \_\_\_\_\_  
(Corporation Name) (Document #)

*Contrib. amt.  
\$35 for RA*

- ☐ 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

|                 |              |
|-----------------|--------------|
| Name            | <i>Welch</i> |
| Availability    | <i>Welch</i> |
| Document        |              |
| Examiner        |              |
| Updater         |              |
| Verifier        |              |
| Acknowledgement |              |
| W. 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

000003474880--6  
-12/06/00--01035--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*W00-28/82*

FF \$1750.<sup>00</sup>  
RA 35.<sup>00</sup>

CR2E031(7/97)

Examiner's Initials

*Welch PL CO  
12/7*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 29, 2000

BARBARA WELCH  
ANSERCOMM  
205 CHESTER AVE.  
MOORESTOWN, NJ 08057

SUBJECT: THE GREENFIELD FAMILY LIMITED PARTNERSHIP  
Ref. Number: W00000028182

We have received your document for THE GREENFIELD FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file the limited partnership breakdown as follows: \$1750 filing; and \$35 registered agent designation fee. Therefore, there is a balance due of \$35. ✓

Because Chapter 620, F.S., requires a supplemental affidavit to be filed if the limited partners contributions exceed what was last reported to this office, you must amend the "\$250,000 plus" reflected in your affidavit. You may state "approximately \$250,000." However, if you exceed \$250,000 in capital contributions, you will be required to file a supplemental affidavit and pay the appropriate filing pursuant to Chapter 620, F.S. ✓

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) 487-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 500A00060657

## CERTIFICATE OF LIMITED PARTNERSHIP

1. THE GREENFIELD FAMILY LIMITED PARTNERSHIP  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 951 SW 4th Avenue, Boca Raton, FL 33432-5803  
(Business address of Limited Partnership)
3. ANTHONY GREENFIELD  
(Name of Registered Agent for Service of Process)
4. 951 SW 4th Avenue, Boca Raton, FL 33432-5803  
(Florida street address for Registered Agent)
5. [Signature]  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 951 SW 4th Avenue, Boca Raton, FL 33432-5803  
(Mailing Address of the Limited Partnership)

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7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2060

8. Name(s) of general partner(s):

Street address:

ANTHONY GREENFIELD

951 SW 4th Avenue, Boca Raton, FL

*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 21 day of December, 19 98

Signature of all general partners:

[Signature]  
General Partner

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

\_\_\_\_\_  
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 THE GREENFIELD FAMILY  
LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

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The amount of capital contributions to date of the limited partners is \$ APPROX. \$250,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ APPROX. \$250,000.00.

Signed this 21 day of December, 1998.

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.*

  
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner