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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521 Phone : (954)527-2428 Fax Number : (954)764-4996

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SECREMENT OF STATE

FLORIDA LIMITED PARTNERSHIP

Leason Family Limited Partnership

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,837.50

OI MAR 30 PH 5: 00
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP OF LEASON FAMILY LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, do hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

- 1. NAME. The name of the limited partnership ("Partnership") is LEASON FAMILY LIMITED PARTNERSHIP.
- 2. <u>REGISTERED OFFICE</u>. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (1986) (the "Act") is 17 Rose Drive, Ft. Lauderdale, FL 33316.
- 3. <u>REGISTERED AGENT</u>. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is STANLEY S. FEINERMAN, 17 Rose Drive, Ft. Lauderdale, FL 33316.
- 4. NAME AND ADDRESSES OF GENERAL PARTNER. The name and address of the General Partner is:

NAME: POI - 32479 Leason Management Co., Inc. a Florida corporation ADDRESS:

17 Rose Drive Ft. Lauderdale, FL 33316

F STATE Ft. ose Drive, Ft.

- MAILING ADDRESS. The mailing address for the Partnership is 17 Rose Drive, Ft.
 Lauderdale, FL 33316.
- 6. <u>DISSOLUTION OF PARTNERSHIP</u>. The Partnership shall exist in perpetuity, unless terminated sooner in accordance with the provisions of the Limited Partnership Agreement.

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7. All of the Partnership's acts and decisions shall be authorized by the written consent of the General Partner.

This Certificate of Limited Partnership shall be effective upon filing.

GENERAL PARTNER:

LEASON MANAGEMENT CO., INC., a Florida corporation

Now Michael LEASON

Title: Poppident

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT OF LEASON FAMILY LIMITED PARTNERSHIP

THE UNDERSIGNED, named as the agent for service of process in paragraph 3 of the Certificate of Limited Partnership of LEASON FAMILY LIMITED PARTNERSHIP, hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act (1986).

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AFFIDAVIT DECLARING AMOUNT OF

BEFORE ME, the undersigned, constituting the sole of the General Partner of LEASON FAMILY LIMITED PARTNERSHIP ("Partnership"), a Florida limited partnership, certifies as follows: Upon the formation of the Partnership, the limited partners' equity contributions of cash and property to the Partnership is \$ 1,250,000.00. It is anticipated that additional equity contributions of cash and property in the amount of \$ will be made by the limited partners. It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership. FURTHER AFFIANT SAYETH NOT. Under the penalties of perjury we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief. GENERAL PARTNER: LEASON MANAGEMENT CO., INC., a Florida corporation