

A01000000 674

SMILEAGE PLUS, INC.

POBOX 611958

No. Miami, FL 33261-1958

Phone: 305:866-1042

Fax: 305:866-0995

March 28, 2001

200003932352--0
-03/30/01--01108--003
****131.25 ****131.25

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

200003932352--0
-05/17/01--01115--001
*****17.50 *****17.50

Subject: Coulton Family Limited Partnership

Gentlemen:

Pursuant to your instructions, enclosed please find check in the amount of \$131.25 for the following:

\$35.00 for contributed amount at rate of \$7.00 per \$1,000.

\$35.00 designation for resident agent

\$52.50 for a certified copy with certificate; and

\$8.75 for additional certificate

TOTAL: \$131.25.

Please forward to: Marsha D. Coulton, President
Smileage Plus, Inc., General Partner
P.O. Box 611958
No. Miami, FL 33261-1958

Phone: 305-866-1042

Sincerely,


Marsha D. Coulton

Mdc

Enc. (3)

*Orig & 1 copy Certificate of Ltd. Partnership
Orig & 1 copy Affidavit of Capital Contributions
CK # 1854 - \$131.25*

FILED
2001 MAY 17 PM 2:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

52



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 10, 2001

MARSHA D. COULTON
SMILEAGE PLUS INC
P.O. BOX 611958
N MIAMI, FL 33261-1958

SUBJECT: COULTON FAMILY LIMITED PARTNERSHIP
Ref. Number: W01000008074

We have received your document for COULTON FAMILY LIMITED PARTNERSHIP and check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy (15 pages or less, \$1 for each additional page after initial 15 pages)	\$52.50
Registered Agent/Office Change	\$35
Name Reservation (120 days nonrenewable)	\$35
Amendment (other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions \$7 per \$1000 on increase only (\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report/Uniform Business Report	

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AND BUSINESSES, FLORIDA

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\$7 per \$1000 of invested capital
(\$52.50 minimum - \$437.50 maximum)
plus Supplemental Fee of \$138.75

Reinstatement

(\$500 for each year or part thereof the
partnership was revoked plus the delinquent
annual report/uniform business report fees)

Please return 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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 401A00021267

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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. COULTON FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 7545 ADVENTURE AVENUE, NO. BAY VLG, FL 33141
(Business address of Limited Partnership)
3. MARSHA D. COULTON
(Name of Registered Agent for Service of Process)
4. 7545 ADVENTURE AVENUE, NO. BAY VLG, FL 33141
(Florida street address for Registered Agent)
5. Marsha D. Coulton
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. P.O. Box 611958, No. Miami FL 33261-1958
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 3/23/25
Street address:
8. Name(s) of general partner(s):

SMILEAGE PLUS, INC.
PO-33943

7545 ADVENTURE AVENUE
NO. BAY VLG, FL 33141

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 23 day of March, 2001

Signature of all general partners:

Marsha D. Coulton, President
Smileage Plus, Inc.

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of _____

Coulton Family Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 5,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,000.00

Signed this 23rd day of March, 2001

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.

Smileage Plus, Inc.
Marsha D. Love
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
2001 MAY 17 PM 2:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA