

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE:

REF. #:

CORP. NAME:

A01000001347 ^{1st}

FILED
DEC - 7 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-7-01 **43.75**

0809.3681

PAM

CAROL R. Owen Family, Ltd Partnership

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

BK

RECEIVED
01 DEC - 7 AM 10:21
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 826 FOR \$ 1846.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 500004714195--2
-12/07/01--01015--021
***1846.25 ***1846.25

COST LIMIT: \$ _____

PLEASE RETURN:

☒ Need 2
CERTIFIED COPY

☐ CERTIFICATE OF STATUS

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

Examiner's Initials

LP- 1785.00
CERT 61.25

CERTIFICATE OF LIMITED PARTNERSHIP

1. CAROL R. OWEN FAMILY LTD. PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." or "Limited Partnership")
2. 519 Palm Drive, Hallandale, FL 33009
(Business Address of Limited Partnership)
3. Dade County Corporate Agents, Inc.
(Name of Registered Agent for Service of Process)
4. 20801 Biscayne Boulevard, Suite 505, Aventura, Florida 33180
(Florida street address for Registered Agent)
5.  PRES.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 519 Palm Drive, Hallandale, FL 33009
(Mailing Address of the Limited Partnership)

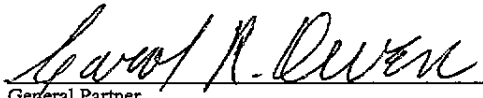
7. The latest date upon which the Limited Partnership is to be dissolved is: January 31, 2062

8. Name(s) of General Partner(s):	Street Address:
CAROL R. OWEN	519 Palm Drive Hallandale, FL 33009

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

Signed this 3 day of December 2001.

Signature of 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 CAROL R. OWEN FAMILY
LTD. PARTNERSHIP, a Florida Limited Partnership certify:*

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TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$2,300,000.00.

Signed this 3 day of Dec, 2001.

FURTHER AFFIANT SAYETH NOT.

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

Signature of General Partner:


General Partner