

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

A01000001403 3rd

FILING COVER SHEET
ACCT. #FCA-14

FILED
01 OCT 17 PM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: CINDY HICKS

DATE: 10-17-07

REF. #: 0150.2652

CORP. NAME: Shapiro Ventures Limited Partnership

- | | | |
|--|---|--|
| <input 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: | | |

800004639418--7
-10/17/01--01003--011
****140.00 ****140.00

STATE FEES PREPAID WITH CHECK# 500398 FOR \$ 140.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

RECEIVED
01 OCT 17 AM 10:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
SHAPIRO VENTURES LIMITED PARTNERSHIP**

01 OCT 17 PM 1:44
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership is: SHAPIRO VENTURES LIMITED PARTNERSHIP.

2. The address of the office of the limited partnership is: 1800 N.E. 114th Street, Apartment 1610, Miami, Florida 33181.

3. The name and address of the agent for service of process required to be maintained by Section 620.105 of Florida Statutes are: BARBARA SHAPIRO, 1800 N.E. 114th Street, Apartment 1610, Miami, Florida 33181

The undersigned hereby accepts appointment as the initial registered agent of SHAPIRO VENTURES LIMITED PARTNERSHIP and accepts the obligations provided for in Section 620.192 of Florida Statutes.



BARBARA SHAPIRO, Registered Agent

P01000100596

4. The name and business address of the sole general partner are: SHAPIRO VENTURES, INC., 1800 N.E. 114th Street, Apartment 1610, Miami, Florida 33181.

5. The mailing address of the limited partnership is: 1800 N.E. 114th Street, Apartment 1610, Miami, Florida 33181.

6. The latest date upon which the limited partnership is to dissolve is December 31, 2050.

IN WITNESS WHEREOF, the undersigned, being the sole General Partner named above, for the purpose of forming a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, has executed this Certificate of Limited Partnership as of this 15th day of October, 2001.

SHAPIRO VENTURES, INC., a Florida
corporation

By: 
Barbara Shapiro, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the sole general partner of SHAPIRO VENTURES LIMITED PARTNERSHIP, a Florida limited partnership, certifies:

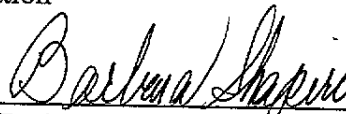
1. The amount of capital contributions to date of the limited partners is \$0.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time is \$100.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct to the best of my knowledge and belief.

SHAPIRO VENTURES, INC., a Florida
corporation

By:


Barbara Shapiro, President

This 15th day of October, 2001.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WRITTEN CONSENT GRANTING APPROVAL FOR USE OF NAME

SHAPIRO VENTURES, INC., a Florida corporation (the "Corporation"), formed October 17, 2001, hereby does grant permission and approves the filing of the Certificate of Limited Partnership for the following limited partnership:

SHAPIRO VENTURES LIMITED PARTNERSHIP
a Florida limited partnership

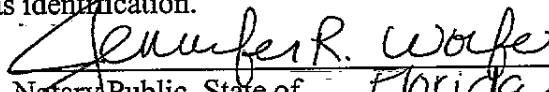
The undersigned, being the President of the Corporation, has executed this Written Consent Granting Approval for Use of Name as of the 15th day of October, 2001.


Barbara Shapiro, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) ss.:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 15th day of October 2001 by BARBARA SHAPIRO, who ☒ is personally known to me or [] has produced _____ as identification.


Notary Public, State of Florida
Print Name: Jennifer R. Wolfe
My Commission Expires: _____

OFFICIAL NOTARY SEAL
JENNIFER R WOLFE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC805492
MY COMMISSION EXPI. FEB. 10, 2003