

**A01000001676**

Ed Hibbl  
 Florida Information Association  
 Requester's Name  
 .O Bx 1144  
 Address  
 Tallahassee, FL 32302-3144  
 City/State/Zip Phone #  
 (850) 878-0188

Office Use Only

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

1. COLLINS FAMILY LIMITED PARTNERSHIP 400004737424--0  
 (Corporation Name) (Document #) =12/24/01--01006--026  
 \*\*\*\*140.00 \*\*\*\*140.00
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- 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

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 12/24/01 AM 10:21

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

01 DEC 24 AM 9:43

Examiner's Initials

RECEIVED

4p

**CERTIFICATE AND AFFIDAVIT OF FLORIDA LIMITED PARTNERSHIP**

**COLLINS FAMILY LIMITED PARTNERSHIP  
A FLORIDA LIMITED PARTNERSHIP**

**COLLINS MANAGEMENT LLC**, a Florida limited liability company (the "General Partner"), hereby makes, acknowledges and files this Certificate of Limited Partnership (the "Certificate") for **COLLINS FAMILY LIMITED PARTNERSHIP** (hereinafter referred to as the "Partnership").

1. **Name of Partnership.** The name of the Partnership is **COLLINS FAMILY LIMITED PARTNERSHIP**.

2. **Mailing Address and Principal Place of Business of the Limited Partnership.** The address of the Partnership is c/o Richards & Polansky, P.A., 2665 S. Bayshore Drive, Suite 703, Miami, FL 33133. The General Partner shall promptly give notice to the other Partners of any change of mailing address.

3. **Name and Business Address of General Partner.** The name and business address of the General Partner of the Partnership is as follows:

Collins Management LLC  
4141 N.E. 2<sup>nd</sup> Ave. Suite 201  
Miami, FL 33137

L61-22411

4. **Effective Date.** The Partnership will become effective upon the filing of this Certificate and shall terminate and dissolve no later than December 31, 2049.

5. **Agent for Service of Process.** The Agent for service of process on the Partnership shall be World Corporate Services, Inc., 2665 South Bayshore Drive, Suite 703, Miami, FL 33131.

**IN WITNESS WHEREOF**, the undersigned has hereunto affixed his signature and seal and swears to the foregoing as of this 21 day of December, 2001, in accordance with Florida Statutes Section 620.108.

GENERAL PARTNER:

COLLINS MANAGEMENT LLC,  
a Florida limited liability company

By:   
James P. Collins, Manager

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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STATE OF FLORIDA

COUNTY OF MIAMI-DADE

)  
)ss:  
)

I HEREBY CERTIFY on this 21 day of December 2001, before me, James P. Collins, as Manager of Collins Management LLC, executed the foregoing Certificate and Affidavit of Florida Limited Partnership of Collins Family Limited Partnership.



*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public, State of Florida at Large

My Commission Expires:

**ACCEPTANCE OF REGISTERED AGENT**

I HEREBY ACCEPT the appointment as registered agent for service of process within the State of Florida of the limited partnership named Collins Family Limited Partnership as set forth in the Certificate and Affidavit of Limited Partnership hereinabove set forth and hereby further state that I may be found as registered agent for service of process upon said partnership at the address set forth in Paragraph 5 of this Certificate.

Dated this 21 day of December 2001.

*[Handwritten Signature]*  
\_\_\_\_\_  
Mitchell S. Polansky, Vice/President  
World Corporate Services LLC, a Florida corporation  
Registered Agent

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DIVISION OF CORPORATIONS  
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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR COLLINS FAMILY LIMITED PARTNERSHIP,  
A FLORIDA LIMITED PARTNERSHIP**

The undersigned, constituting the sole General Partner of COLLINS FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies:

The total amount of capital contributions to date by the Limited Partners is One Thousand Dollars (\$1,000.00).

The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals One Thousand Dollars (\$1,000.00).

Signed this 21 day of December, 2001.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

GENERAL PARTNER:

COLLINS MANAGEMENT LLC,  
a Florida limited liability company

By: *James P. Collins*  
James P. Collins, Manager

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 24 AM 10:21

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

)  
) ss:  
)

I HEREBY CERTIFY on this 21 day of December 2001, before me, James P. Collins as Manager of Collins Management LLC, executed the foregoing Affidavit of Capital Contributions of Collins Family Limited Partnership.

*Mitchell S. Polansky*  
Notary Public, State of Florida at Large

My Commission Expires:

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