

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

FILING COVER SHEET
ACCT. #FCA-14

A02000000461

FILED
02 MAR 28 AM 11:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CONTACT: CINDY HICKS

DATE: 03/28/02

REF. #: 0672. 5782

CORP. NAME: G. S. Guggino Family, Ltd

- | | | |
|--|---|--|
| <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: _____ | | |

BK

STATE FEES PREPAID WITH CHECK# 2000 FOR \$ 1793.75

RECEIVED
02 MAR 28 AM 11:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

700005174287--5
-03/28/02--01035--003
***1793.75 ***1793.75

COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
G. S. GUGGINO FAMILY, LTD.**

02 MAR 28 AM 11:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be **G. S. GUGGINO FAMILY, LTD.**

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Section 620.106, *Florida Statutes*, shall be located at **3115 W. Swann Avenue, Tampa, Florida 33609**, and the name of the Partnership's agent for service of process at said address is **G. S. GUGGINO**.

3. **Name and Business Addresses of the General Partner.**

<u>Name</u>	<u>Address</u>
G. S. Guggino	3115 W. Swann Avenue Tampa, Florida 33609

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be **3115 W. Swann Avenue, Tampa, Florida 33609**.

5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **G. S. GUGGINO FAMILY, LTD.**

DATED this 20 day of March, 2002.

GENERAL PARTNER:



G. S. GUGGINO

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated: 3-20, 2002.



G. S. GUGGINO

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

02 MAR 28 PM 4:29
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

I, **G. S. GUGGINO**, the General Partner of **G. S. GUGGINO FAMILY, LTD.**, Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$5,000.00 of capital to the Partnership.
2. It is anticipated that \$2,355,000.00 of additional contributions shall be contributed by the limited partners in the future.

Dated this 20th day of March, 2002.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true, to the best of his knowledge and belief.

GENERAL PARTNER:

G. S. Guggino
G. S. GUGGINO

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 20th day of March, 2002, by **G. S. GUGGINO**, who is personally known to me.



Margaret A. Farley
Commission # CC 920235
Expires March 20, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

Margaret A. Farley
NOTARY PUBLIC
Name: Margaret A. Farley
Serial No. CC 920235
My Commission expires: 3-20-04