

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734

Kathi or Brent

MJH

(4)

8/1 FL LP

Office Use Only

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

1. Shochet Family Limited Partnership (Document #)

WD2-20043

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

Walk in

Pick up time 8/1

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

600006877846--7  
-08/02/02--01050--026  
\*\*\*\*52.50 \*\*\*\*52.50

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

600006877846--7  
-08/02/02--01050--027  
\*\*\*\*210.00 \*\*\*\*210.00

Examiner's Initials



*Resubmit*

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 1, 2002

CAPITAL SERVICES, INC

*Please back date*

SUBJECT: SHOCET FAMILY LIMITED PARTNERSHIP  
Ref. Number: W02000022243

We have received your document for SHOCET FAMILY LIMITED PARTNERSHIP and check(s) totaling \$210.00. However, your check(s) and document are being returned for the following:

The filing fee for this Limited Partnership is \$210.00 plus \$52.50 for the Certified Copy requested, totaling, \$262.50. Please send a check for this amount.,

Please return your document, along with 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 702A00046372

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
August 1, 2002  
4:51 PM

## CERTIFICATE OF LIMITED PARTNERSHIP

1. Shochet Family Limited Partnership

Name of Limited Partnership

2. 575 Hibiscus Lane, Miami, Florida 33137

Business Address of Limited Partnership

3. David R. Lawrence

Name of Registered Agent For Service of Process

4. 6400 N. Andrews Avenue, Suite 320, Fort Lauderdale, Florida 33309

Florida Street Address of Registered Agent

5. David Lawrence

Registered Agent must sign here to accept designation as Registered Agent for Service of Process

6. 575 Hibiscus Lane, Miami, Florida 33137

Mailing Address of Limited Partnership

7. The latest date upon which the Limited Partnership is to be dissolved is: July 31, 2042

8. Names of general partner(s)

Suzanne Shochet

Street address:

575 Hibiscus Ln., Miami, FL 33137

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 31 day of July, 2002

Signature of all general partners:

Suzanne Shochet  
General Partner

General Partner

General Partner

02 AUG - 1 PM 2:09  
THE TAKIN' STATE  
OF FLORIDA  
TAMPA BAY AREA  
FLORIDA

FILED

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

**The undersigned constituting all of the general partners of** Shochet Family  
**Limited Partnership**

**a Florida Limited Partnership, certify.**

**The amount of capital contributions to date of the limited partners is \$ 25,000.00**

**The total amount contributed and anticipated to be contributed by the limited  
Partners at this time totals \$ 25,000.00 .**

Signed this 31 day of July, 2002

## 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 stated herein are true and correct

Suzanne Shocket  
General Partner

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**General Partner**

### **General Partner**