

A03000000351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

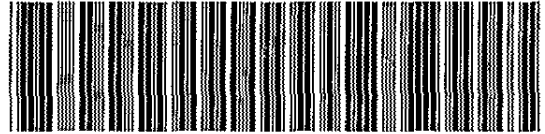
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/03--01052--021 **192.50

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03 MAR -3 11:05
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DIVISION OF CORPORATIONS
03 MAR -3 PM 1:10
W 3/4

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

FILING COVER SHEET
ACCT. #FCA-14

File
2/11

CONTACT: Tricia Tadlock
DATE: 3.3.03
REF. #: 0262.13297
CORP. NAME: All State Fabricators LP

- | | | |
|--|---|--|
| <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 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 |

☒ OTHER: Affidavit of Capital Contributions
for FW Limited Partnership

STATE FEES PREPAID WITH CHECK# 504636 FOR \$ 192.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY (2 sets) ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

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ALL-STATE FABRICATORS LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner hereby signs this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida. This Certificate of Limited Partnership has been duly executed and is being filed in accordance with Section 620.108, Florida Statutes.

1. Name of the Partnership. The name of the Partnership shall be All-State Fabricators Limited Partnership.

2. Office and Mailing Address of the Partnership. The address of the office of the Partnership and the mailing address of the Partnership shall be 1316 Tech Boulevard, Tampa, Florida 33619.

3. Agent for Service of Process. The name and address of the agent for service of process of the Partnership are as follows:

Alan D. Harvill
1316 Tech Boulevard
Tampa, Florida 33619

4. Name and Business Address of General Partners. The name and business address of the General Partner are as follows:

All-State Fab, Inc.
1316 Tech Boulevard
Tampa, Florida 33619

5. Latest Date of Dissolution. The latest date on which the Partnership is to dissolve is December 31, 2053.

DATED this 27 day of February, 2003.

ALL-STATE FAB, INC.

By: Alan D. Harvill

Alan D. Harvill, President

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103-24914

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

The undersigned, constituting the sole general partner of All-State Fabricators Limited Partnership a Florida limited partnership, certifies:

1. The amount of capital contributions to date of the limited partners is \$1,000.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

Signed this 27th day of February, 2003.

FURTHER AFFLIANT SAYETH NOT.

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

ALL-STATE FAB, INC.

By: _____

Alan D. Harvill, President

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