

A03000000515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

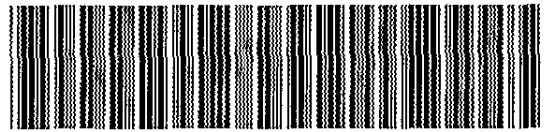
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800014307458

03/31/03--01015--002 **1793.75

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 MAR 31 AM 10:25

RECEIVED

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 MAR 31 PM 1:17

FILED

J. BRYAN MAR 31 2003

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam
DATE: 3-31-03
REF. #: 0672. 14010
CORP. NAME: Messerman Enterprises Ltd.

FILED
2003 MAR 31 PM 1:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

STATE FEES PREPAID WITH CHECK# 1470 FOR \$ 1793.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

03 MAR 31 AM 10:22

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**CERTIFICATE OF LIMITED PARTNERSHIP OF
MESSERMAN ENTERPRISES LTD.**

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 **MESSERMAN ENTERPRISES LTD.**

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106 shall be located at 5202 Eagle Trail Drive, Tampa, Florida 33634, and the name of the Partnership's agent for service of process at said address is **JEROME MESSERMAN.**

3. **Name and Business Address of the General Partner.** The name and address of the General Partner are:

<u>Name</u>	<u>Address</u>
Jerome Messerman	5202 Eagle Trail Drive Tampa, FL 33634

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be **5202 Eagle Trail Drive, Tampa, Florida 33634.**

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 **MESSERMAN ENTERPRISES LTD.**

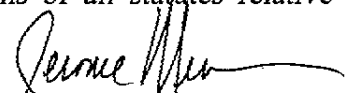
DATED this 28th day of March, 2003.

GENERAL PARTNER:



JEROME MESSERMAN

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.



JEROME MESSERMAN

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, **JEROME MESSERMAN**, the General Partner of **MESSERMAN ENTERPRISES LTD.**, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$750,000.00 of capital to the Partnership.

2. It is anticipated that \$ none of additional contributions may be contributed by the limited partners in the future.

Dated this 2d day of MARCH, 2003.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declare that they have read the foregoing and that the facts alleged are true, to the best of their knowledge and belief.

GENERAL PARTNER:

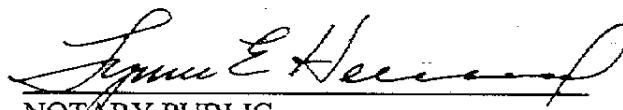

JEROME MESSERMAN

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 28th day of MARCH, 2003, by **JEROME MESSERMAN**, who is personally known to me or who has produced D.O.B. 045420342200 as identification.



Lynne E Hemness
My Commission CC883279
Expires January 17 2004


NOTARY PUBLIC
Name: _____
Serial No. _____
My Commission expires: _____

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2003 MAR 31 PM 1:17
CLY-JON OF CORPORATIONS
TALLAHASSEE, FLORIDA