

A03000000524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

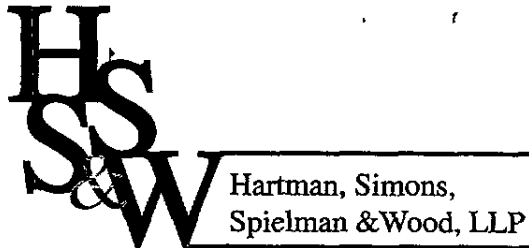


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03/31/03--0105R--030 **148.75

FILED
03 MAR 31 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

372



M. Suzanne Howard
Direct Dial: (770) 226-1331
Direct FAX: (770) 858-1092
E-MAIL: mshoward@hssw.com

FILED
MAR 31 PM 12:50
TALLAHASSEE, FLORIDA

March 28, 2003

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: FOG Sembler Capital PR 1 Limited
HSSW File No.: 4709-0259000

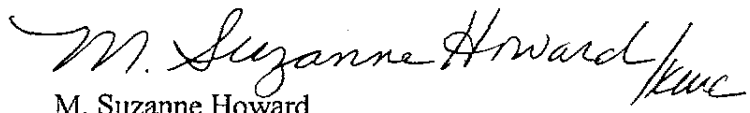
Dear Sir or Madam:

Enclosed herewith for filing with the Department of State are the following documents in connection with the organization of FOG Sembler Capital PR 1 Limited:

1. One original and three copies each of the Certificate of Limited Partnership and the Affidavit of Capital Contributions for Florida Limited Partnership; and
2. One check in the amount of \$148.75 to cover the following:
 - a. Filing fee of \$52.50;
 - b. Designation of registered agent fee of \$35.00;
 - c. Fee of \$52.50 for one certified copy; and
 - d. Additional fee of \$8.75 for second certified copy.

Please file the enclosed documents and return certified copies to me at your earliest convenience. Thank you for your assistance with this matter. Please call me at (770) 226-1331 if you have any questions concerning this matter.

Very truly yours,


M. Suzanne Howard

MSH/kmc
Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. FOG Sembler Capital PR I Limited
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 5858 Central Avenue, St. Petersburg, Florida 33707
(Business address of Limited Partnership)
3. Gregory S. Sembler
(Name of Registered Agent for Service of Process)
4. 5858 Central Avenue, St. Petersburg, Florida 33707
(Florida street address for Registered Agent)
5. *Gregory S. Sembler*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 5858 Central Avenue, St. Petersburg, Florida 33707
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2100
8. Name(s) of general partner(s): _____ Street address: _____

<u>TSCPR Florida, Inc.</u>	<u>5858 Central Avenue</u>
<u>897060081031</u>	_____
_____	_____

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 _____ day of _____, _____

Signature of all general partners:

_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner
_____ General Partner	_____ General Partner

TSCPR Florida, Inc., General Partner

By: *Gregory S. Sembler*
Its: President

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

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SEAL OF THE STATE
TALLAHASSEE FLORIDA

The undersigned constituting all of the general partners of _____

FOG Sembler Capital PR 1 Limited

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 99.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 99.00

Signed this _____ day of _____, _____

FURTHER AFFIANT SAYETH NOT.

*Under the 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.*

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

TSCPR Florida, Inc., General Partner

By: Suzanne Sembler

Its: President