

A 03000001047

(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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07/22/03--01067--005 **1785.00

BK

RECEIVED
03 JUL 22 PM 1:26
DIVISION OF CORPORATION

FILED
03 JUL 22 PM 4:45
TALLAHASSEE, FLORIDA

FILED
03 JUL 22 PM 4:15
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/State/Zip

850-222-2785

Phone #

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

1- ELBUALY FAMILY LIMITED PARTNERSHIP

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation


REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. Elbualy Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4050 NE 25th Ave, Lighthouse Point, FL 33064
(Business address of Limited Partnership)
3. Christine Elbualy
(Name of Registered Agent for Service of Process)
4. 4050 NE 25th Ave, Lighthouse Point, FL 33064
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 4050 NE 25th Ave, Lighthouse Point, FL 33064
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: Dec. 31, 2052
8. Name(s) of general partner(s): _____ Street address: _____

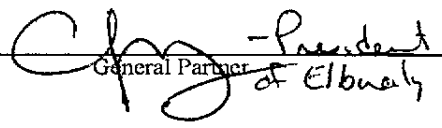
Elbualy GP, Inc. 4050 NE 25th Ave, Lighthouse Point, FL 33064

P03000080361

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 17 day of July, 2003

Signature of all general partners:

 - President
General Partner of Elbualy GP, Inc.

General Partner

General Partner

General Partner

General Partner

General Partner

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

FILED
03 JUL 22 PM 4:45
STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of Elbushy Family
Limited Partnership

a Florida Limited Partnership, certify:

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03 JUL 22 PM 4:45
STATE
TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 10

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 300,000

Signed this 17 day of July, 2003

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.*

CPM - President
General Partner
of Elbushy GP, Inc.

General Partner

General Partner

General Partner

General Partner

General Partner