

A03000001199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

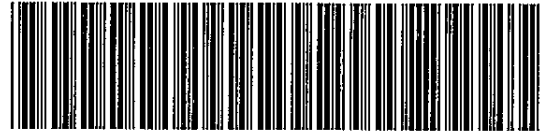
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 AUG 22 AM 9:29  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 8, 2003

REGINA GONZALES  
220 N.W. 40TH AVE.  
DELRAY BEACH, FL 33448

SUBJECT: RE-LI LIMITED  
Ref. Number: W03000022562

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DIVISION OF CORPORATIONS  
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We have received your document for RE-LI LIMITED and your check(s) totaling \$145.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are not sure that you intend for us to file all of the forms you sent, or of what kind of copies or certificates you might want. We are sending this letter because there was not a phone number with your letter. Please feel free to call me if you have questions; my number is below.

I have marked the filings "A,B and C" for reference. My guess is that you want to file forms A and B, but not C. When you return your forms, please let us know if you want certificates or certified copies so that we can use the money you sent the right way. Information about these fees appears on the forms themselves.

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) 245-6958.

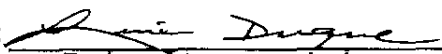
Lee Rivers  
Document Specialist

Letter Number: 903A00045550

*called 8/18 - wants  
LLLP + cos*

*23<sup>15</sup> refund*

## CERTIFICATE OF LIMITED PARTNERSHIP

1. RE-LI LIMITED  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 4087 NW 2 COURT, DELRAY BEACH, FL 33445  
(Business address of Limited Partnership)
3. LINA DUQUE  
(Name of Registered Agent for Service of Process)
4. 4087 NW 2 Court, Delray Beach, FL 33445  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. Same as above  
(Mailing Address of the Limited Partnership)

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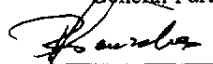
7. The latest date upon which the Limited Partnership is to be dissolved is: 2020
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

<u>LINA DUQUE</u>	<u>4087 NW 2 Court, Delray Beach</u>
<u>REGINA GONZALES</u>	<u>220 NW 40th Avenue, Delray Beach</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 20 day of JUNE, 2003

Signature of all general partners:

<u></u>	_____
General Partner	General Partner
<u></u>	_____
General Partner	General Partner
_____	_____
General Partner	General Partner

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

*The undersigned constituting all of the general partners of* RE-LI LIMITED

*a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$ 10,000.00.

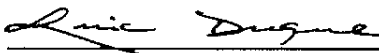
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 10,000.00.

Signed this 20 day of JUNE, 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.*

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SECRETARY OF CORPORATIONS  
03 AUG 22 AM 9:29

  
General Partner

\_\_\_\_\_  
General Partner

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner