

A03000001354

(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



700022783837

RECEIVED
03 SEP 17 PM 12:41
DIVISION OF CONSTRUCTION

FILED
03 SEP 17 PM 2:25
TALLAHASSEE, FLORIDA

Handwritten signature



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 245710 11758A

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 140.00

FILED
03 SEP 17 PM 2:25
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ORDER DATE : September 17, 2003

ORDER TIME : 11:31 AM

ORDER NO. : 245710-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
Doumar Allsworth Cross
Laystrom Perloff Voigt Wachs M
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE M. H. SMITH REAL ESTATE
FAMILY LIMITED PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE M. H. SMITH REAL ESTATE FAMILY LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE M. H. SMITH REAL ESTATE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE M. H. SMITH REAL ESTATE
FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is.

4300 N.W. 81st Terrace
Coral Springs, Florida 33065

3. Name and addresses of the agent for the service
of process on the Partnership is.

JEFFREY S. WACHS, ESQ.
1177 S.E. Third Avenue
Ft. Lauderdale, FL 33316

4. Name and business address of the General Partner is.

MARLENE H. SMITH
4300 N.W. 81st Terrace
Coral Springs, Florida 33065

5. Mailing address of the Partnership is.

THE M. H. SMITH REAL ESTATE
FAMILY LIMITED PARTNERSHIP
c/o MARLENE H. SMITH,
General Partner
4300 N.W. 81st Terrace
Coral Springs, Florida 33065

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2053.

The execution of this Certificate by the undersigned General
Partner constitutes an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this
Certificate of Limited Partnership of THE M. H. SMITH REAL ESTATE
FAMILY LIMITED PARTNERSHIP, this 11th day September, 2003.

GENERAL PARTNER(S):

Marlene H. Smith
By: MARLENE H. SMITH

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE M. H. SMITH REAL ESTATE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS, ESQ.

FILED
03 SEP 17 PM 2:25
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared
MARLENE H. SMITH, the General Partner of THE M. H. SMITH REAL
ESTATE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership,
herein referred to as the "Partnership", who, upon being duly
sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions
to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be
contributed by additional Limited Partners is as follows:

NONE

3. Affiant has executed this Affidavit of Capital
Contributions as the duly authorized representative of the General
Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

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

DATED this 11th day of September, 2003.

Marlene H. Smith
MARLENE H. SMITH

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by **MARLENE H. SMITH**, who appeared personally before me and took an
oath, who is personally known to me or who produced _____
_____ as identification, on this
11th day of September, 2003.

Lisa D. Belenson

Notary Public, State of Florida

Print Name: Lisa D. Belenson

My Commission Number: DD133915

My Commission Expires: 8/10/06

C:\WP51\Wolf.Marlene\Real Estate\Cert.LP.wpd



Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

STATE
TALLAHASSEE, FLORIDA

03 SEP 17 PM 2:25

FILED