A03000001447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W03000028977

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03 OCT -8 AM 9:53
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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WALK IN

PICK UP 10.8.03 Kelly

✓ CERTIFIED COPY _____ CUS _____

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_____ _____

1.) The Lewin V Family Limited Partnership
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

$ 140.00

3.) _____
(CORPORATE NAME & DOCUMENT #)

File First

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

_____

_____

_____

_____

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED
03 OCT -9 PM 1:22
TALLAHASSEE, FLORIDA

October 8, 2003

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: THE LEWIN V FAMILY LIMITED PARTNERSHIP
Ref. Number: W03000028977

We have received your document for THE LEWIN V FAMILY LIMITED PARTNERSHIP and your check(s) totaling $140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your $140.00 payment.

The REGISTERED AGENT must sign the acceptance statement in Item 5.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 903A00055058

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03 OCT -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. THE LEWIN V FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 6425 S.W. 110th Street, Miami, Florida 33156
(Business Address of Limited Partnership)

3. KING REGISTERED AGENT CORPORATION
(Name of Registered Agent for Service of Process)

4. 100 S.E. 2nd Street, 28th Floor, Miami, Florida 33131
(Florida street address for Registered Agent)

5. ☒ See attached
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 6425 S.W. 110th Street, Miami, Florida 33156
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2053

8. Name(s) of general partner(s):

Name	Street address
Lewin Family General Partner, LLC	6425 S.W. 110th St., Miami, FL 33156
L03000036120	

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 30 *day of* September, 2003

Signature of all general partners:

Lewin Family General Partner, LLC
General Partner

By: Alan Lewin MD
General Partner

Alan Lewin, M.D., Manager & President
General Partner

General Partner

General Partner

General Partner

General Partner

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03 OCT -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Business Address of Limited Partnership)

3. KIGGS REGISTERED AGENT CORPORATION
(Name of Registered Agent for Service of Process)

4. 100 S.E. 2nd Street, 28th Floor, Miami, Florida 33131
(Florida street address for Registered Agent)

5. Michael Kornstein Pres.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 6425 S.W. 110th Street, Miami, Florida 33156
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2053

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Lewin Family General Partner, LLC	6425 S.W. 110th St., Miami, FL 33156

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Signed this 30 *day of* September, 2003.

Signature of all general partners:

Lewin Family General Partner, LLC
General Partner

By: Alan Lewin MD
General Partner
Alan Lewin, M.D., Manager & President

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

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03 OCT -9 PM 1:22
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of THE LEWIN V FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is $ 2,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 2,000.00.

Signed this 30 day of September, 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.

Lewin Family General Partner, LLC

General Partner | General Partner

By: Alan Lewin MD

General Partner | General Partner

Alan Lewin, M.D., Manager & President

General Partner | General Partner