

A03000001462

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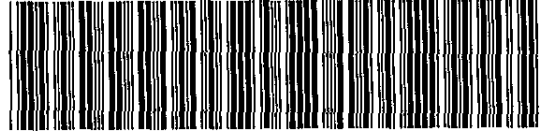
(Business Entity Name)

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STATE
TALLAHASSEE, FLORIDA

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DEF.
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 263179 7396531

AUTHORIZATION :

COST LIMIT : \$ 87.50

03 OCT 14 PM 4:15
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TREASURY, FLORIDA

ORDER DATE : October 1, 2003

ORDER TIME : 12:29 PM

ORDER NO. : 263179-005

CUSTOMER NO: 7396531

CUSTOMER: Dr. Joseph Terranova
Dr. Joseph Terranova

2636 Corbyton Court

Orlando, FL 32828

DOMESTIC FILING

NAME: COLONIAL CHIROPRACTIC
ASSOCIATES, L.P.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 10, 2003

DARLENE WARD
CSC
TALLAHASSEE, FL

SUBJECT: COLONIAL CHIROPRACTIC ASSOCIATES, L.P.
Ref. Number: W03000029253

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STATE
TALLAHASSEE, FLORIDA

We have received your document for COLONIAL CHIROPRACTIC ASSOCIATES, L.P. and the authorization to debit your account in the amount of \$87.50. However, the document has not been filed and is being returned for the following:

Florida limited partnerships cannot use the suffix -- L.P.

Please use LTD., LIMITED, or LIMITED PARTNERSHIP.

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: 103A00055423

CERTIFICATE OF LIMITED PARTNERSHIP

1. COLONIAL CHIROPRACTIC ASSOCIATES, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2636 CORBYTON COURT, ORLANDO, FL 32828
(Business address of Limited Partnership)

3. Corporation Service Company
(Name of Registered Agent for Service of Process)

4. 1201 Hays Street, Tallahassee, FL 32301
(Florida street address for Registered Agent)

5. By: Deborah D. Skipper **Deborah D. Skipper**
Corporation Service Company **Asst. V. Pres.**
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 2636 CORBYTON COURT, ORLANDO, FL 32828
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: PERPETUAL

8. Name(s) of general partner(s): _____ Street address: _____

BENTLEY HILLS MANAGEMENT CORP.

2636 CORBYTON COURT, ORLANDO, FL 32828

P03000106317

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 29TH day of SEPTEMBER, 2003

Signature of all general partners:

[Signature]
General Partner

General Partner

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 _____

COLONIAL CHIROPRACTIC ASSOCIATES, LTD.

a Florida Limited Partnership, certify:

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TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 5,000 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 5,000 .

Signed this 29TH 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.*



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner