

A03000001474

(Requestor's Name)

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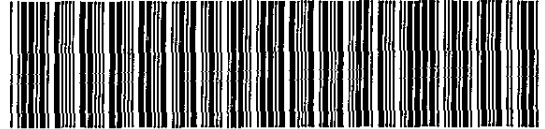
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT -9 PM 12:01
DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

h/c

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Mag Limited Partnership

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☒ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

SW 10/9

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 9, 2003

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: MAG LIMITED PARTNERSHIP
Ref. Number: W03000029245

FILED
OCT 16 PM 2:32
TALLAHASSEE, FLORIDA

We have received your document for MAG LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,837.50 payment.

The Registered Agent -- DARRYL W. JOHNSTON -- must sign a statement accepting his appointment.

ALSO, the CERTIFICATE OF LIMITED PARTNERSHIP, the AFFIDAVIT, and the R.A. ACCEPTANCE are the only documents we need.

Please do NOT return the LIMITED PARTNERSHIP AGREEMENT.,

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: 303A00055387

Certificate of Limited Partnership

THIS CERTIFICATE is executed on August 29, 2003, with respect to the agreement of MAG LIMITED PARTNERSHIP (the "partnership").

1. Name. The partnership's name is MAG LIMITED PARTNERSHIP.
2. Initial Designated Office. The street and mailing address of the initial designated office is 9433 Bearfoot Trail, Weeki Wachee, FL 34613.
3. Registered Agent. The name and street and mailing address of the partnership's initial agent for service of process is DARRYL W. JOHNSTON, 29 South Brooksville Avenue, Brooksville, FL 34601.
4. General Partners. There is one (1) general partner. The name and street and mailing address of the sole general partner is: PEG, INC., 9433 Bearfoot Trail, Weeki Wachee, FL 34613. 903000107072
5. Date for Dissolution. The latest date on which the limited partnership is to be dissolved and its affairs wound up is December 31, 2050.

IN WITNESS WHEREOF, the undersigned general partner has signed and sealed this certificate, on the day and year first above written.

PEG, INC.

by: Rose Gangarosa
ROSE GANGAROSA, President

Raymond Gangarosa
Attested: Raymond Eugene Gangarosa
Secretary - RAYMOND GANGAROSA

STATE OF GEORGIA
COUNTY OF DeKalb

BEFORE ME, personally appeared ROSE GANGAROSA, as President of PEG, INC., who is personally known to me or who produced GA Drivers Lic. 029429453 as identification this 29 day of August, 2003.

Christie Conner
NOTARY PUBLIC
My Commission expires:

CHRISTIE CONNER
Notary Public, DeKalb County, Georgia
My Commission Expires July 22, 2005

AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of
MAG LIMITED PARTNERSHIP, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the
limited partners is \$2,500.00. The total amount
contributed and anticipated to be contributed by the
limited partners at this time totals \$250,000.00.

Signed this 15th day of October, 2003.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing
and know the contents thereof and that the facts stated herein are
true and correct.

PEG, INC.

by: Margaret A. Gangarosa
General Partner
MARGARET A. GANGAROSA,
Vice-President

Sworn to and subscribed before me by Margaret A. Gangarosa,
Vice President of PEG, INC., who is personally known to me this
15th day of October, 2003.

Roxanne J. Bassett
NOTARY PUBLIC
My Commission expires:

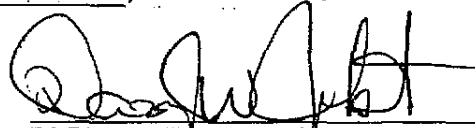


Roxanne J. Bassett
MY COMMISSION # DD059113 EXPIRES
November 13, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

ACCEPTANCE OF RESIDENT AGENT

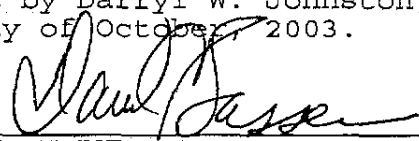
I, DARRYL W. JOHNSTON, certify that I am a permanent resident of Hernando County, Florida and a Florida Bar member. My office street address is 29 South Brooksville Avenue, Brooksville, FL 34601 and mailing address is P.O. Box 997, Brooksville, FL 34605-0997. I hereby accept the designation as Resident Agent for MAG LIMITED PARTNERSHIP, pursuant to the provisions of F.S. 620.105.

Executed this 13 day of October, 2003.



DARRYL W. JOHNSTON
Resident Agent

Sworn to and subscribed before me by Darryl W. Johnston, who is personally known to me this 13 day of October, 2003.



NOTARY PUBLIC
My Commission expires:

