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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

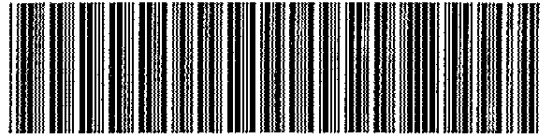
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEWIN ASSOCIATES LIMITED PARTNERSHIP
(Name of corporation - must include suffix)
LLP

Dear Sir or Madam:

CERTIFICATE OF LIMITED PARTNERSHIP AND AFFIDAVIT OF CAPITAL
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida. LLP

Please return all correspondence concerning this matter to the following:

DAVID L JONES
(Name of Person)

(Firm/Company)

22 VICTORIA BLVD.
(Address)

KEENOWE, N.Y. 14217
(City/State and Zip code)

For further information concerning this matter, please call:

DAVID L JONES at (716) 875-8664
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy
CAPITAL AFFIDAVIT
DESIGNATION OF
REGISTERED AGENT

CERTIFICATE OF LIMITED PARTNERSHIP

1. DeWin Associates Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 229 Tamiami Trail South, Venice, Florida 34285
(Business address of Limited Partnership)
3. Sandra K. Pridemore
(Name of Registered Agent for Service of Process)
4. 229 Tamiami Trail South, Venice, Florida 34285
(Florida street address for Registered Agent)
5. *Sandra K. Pridemore*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 181 Lothrop Road, Gross Pointe Farms, Michigan 48236
(Mailing Address of the Limited Partnership)

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

<u>L & A Consulting, LLC</u>	<u>181 Lothrop Road</u>
<u>MO3-3630</u>	<u>Gross Pointe Farms, Michigan 48236</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 15 day of SEPT, 2003

Signature of all general partners:

RRQ Loreds
General Partner
L & A Consulting, LLC

General Partner

General Partner

General Partner

General Partner

General Partner

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of DeWin Associates
Limited Partnership,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1000.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 7500.

Signed this 15 day of SEPT, 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.*

✓ RLA

General Partner
L & A Consulting, LLC

General Partner

General Partner

General Partner

General Partner

General Partner