

A040000000688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

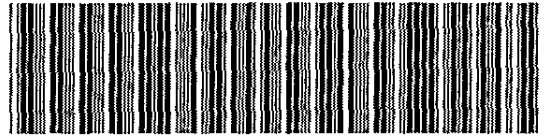
Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

4/14 FL LP
CC

Office Use Only



000032580760

04/16/04--01011--005 **140.00

MJH

04 APR 16 PM 4:30
211701
01011

LAW OFFICES

SCHMIDT, PHETERSON & BLEAU

400 SOUTH DIXIE HIGHWAY

THE ARBOR • SUITE 420

BOCA RATON, FLORIDA 33432-6024

PETER H. SCHMIDT
I. JEFFREY PHETERSON
DENISE J. BLEAU
DANIEL C. HARRIS
THOMAS S. DONNELLY

TELEPHONE (561) 394-2700
BROWARD (954) 428-0433
TELECOPIER (561) 394-6775

April 14, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Certificate of Limited Partnership of
BOCA CALLS, LTD.

Gentlemen:

Enclosed are duplicate originals of the Certificate of Limited Partnership of BOCA CALLS, LTD. Please file the Certificate of Limited Partnership and return one (1) certified copy to me in the enclosed, self-addressed envelope.

Also enclosed is a \$140.00 check, payable to the Florida Department of State, for payment of the filing fees, as follows:

Filing Fee	\$ 52.50
Certified Copy	52.50
Registered Agent	<u>35.00</u>
TOTAL	<u>\$140.00</u>

Thank you for your assistance in this matter.

Very truly yours,


Peter H. Schmidt

PHS/kas
Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

OF

BOCA CALLS, LTD.

THE UNDERSIGNED General Partner hereby makes, swears to, and files, this Certificate of Limited Partnership of BOCA CALLS, LTD., to form a Limited Partnership under and pursuant to the Florida Revised Uniform Limited Partnership Act (1995), and state:

1. Name. The name of the Limited Partnership is:

BOCA CALLS, LTD.

2. Principal Office. The principal office of the Limited Partnership and its address are:

5540 Eton Court
Boca Raton, Florida 33486-8659

or at such other place within the State of Florida as the General Partner, from time to time, may determine.

3. Registered Agent. The name and Florida street address for the Registered Agent are:

Nancy L. Schmidt
5540 Eton Court
Boca Raton, Florida 33486-8659.

5. Acceptance of Registered Agent. Registered Agent hereby accepts the designation as Registered Agent for Service of Process:

NANCY L. SCHMIDT, Registered Agent.

6. Mailing Address. The mailing address of the Limited Partnership is:

5540 Eton Court
Boca Raton, Florida 33486-8659.

7. Latest Date for Dissolution. The latest date upon which the Limited Partnership is to be dissolved is April 14, 2054.

FILED
04 APR 16 PM 4:30
TELETYPE UNIT

8. Name and Address of the General Partner.

P04-67215

SEACREST EQUITY GROUP, INC., a Florida corporation
5540 Eton Court
Boca Raton, Florida 33486-8659

Signed this 14th day of April, 2004.

SEACREST EQUITY GROUP, INC., as
General Partner of Boca Equities,
Ltd.

By:


NANCY L. SCHMIDT, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)


) ss.:

COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments and to administer oaths, personally appeared NANCY L. SCHMIDT, as President of SEACREST EQUITY GROUP, INC., a Florida corporation, constituting the sole General Partner of BOCA CALLS, LTD., a Florida limited partnership, after being by me first duly sworn on oath, deposes and says, as follows:

1. The amount of capital contributions to date, of the limited partner is \$100.00.
2. The total amount contributed, and anticipated to be contributed, by the limited partner, at this time totals \$100.00.

Under the 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.


NANCY L. SCHMIDT, as President of
SEACREST EQUITY GROUP, INC., as
General Partner

STATE OF FLORIDA)
) SS.
COUNTY OF PALM BEACH)

The foregoing instrument was subscribed and sworn to before me this 14TH day of April, 2004, by **NANCY L. SCHMIDT**, as President of SEACREST EQUITY GROUP, INC., a Florida corporation, as the General Partner of BOCA CALLS, LTD., a Florida limited partnership, who personally appeared before me, who did take an oath, and who:

(Notary must check applicable box)

- ☒ is personally known to me;
- ☐ produced a current Florida driver's license as identification; or
- ☐ produced _____ as identification.

Connie Jo Horsley
NAME: CONNIE JO HORSLEY
Notary Public,
State of Florida at Large

My Commission Expires:



Connie Jo Horsley
MY COMMISSION # DD141852 EXPIRES
August 12, 2006
BONDED THRU TROY FAIN INSURANCE, INC.