

AD4000000994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

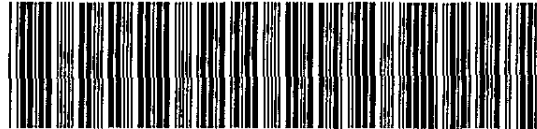
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/18 FL LP

Office Use Only



300037930613

6/21/18 04:48:00P ***105 00

05/21/18 10:00:00

TRANSMITTAL LETTER

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

SUBJECT: THE ROBERT J. MANZE LIMITED PARTNERSHIP

The enclosed Certificate of Limited Partnership and Affidavit of Capital Contributions
For Florida Limited Partnership.

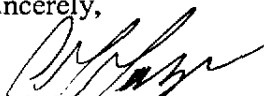
Please return all correspondence concerning this matter to the following:

CHRISTINE M. MANZE
6163 Amberwoods Drive
Boca Raton, FL 33433

For further information concerning this matter, please call:

CHRISTINE M. MANZE at 561-447-9370

Sincerely,



Christine M. Manze

CERTIFICATE OF LIMITED PARTNERSHIP

1. THE ROBERT J. MANZE LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 6163 Amberwoods Drive, Boca Raton, Florida 33433
(Business address of Limited Partnership)
3. Christine M. Manze
(Name of Registered Agent for Service of Process)
4. 6163 Amberwoods Drive, Boca Raton, Florida 33433
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
CHRISTINE M. MANZE
6. 6163 AMBERWOODS DR. BOCA RATON, FL 33433
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: June 2029
8. Name(s) of general partner(s): _____ Street address: _____

ROBERT J. MANZE

6163 Amberwoods Dr.

CHRISTINE M. MANZE

Boca Raton, FL 33433


6163 Amberwoods Dr.

Boca Raton, FL 33433

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 12th day of June, 2004

Signature of all general partners:


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 _____
THE ROBERT J. MANZE LIMITED PARTNERSHIP _____,

a Florida Limited Partnership, certify:

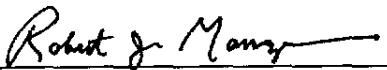
The amount of capital contributions to date of the limited partners is \$ 9,800.00 .


The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 9,800.00 .

Signed this 12th day of June , 2004 .

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