

AD4000007281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

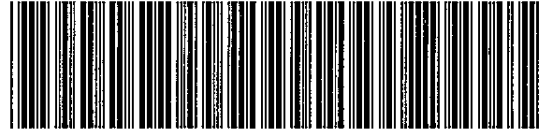
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100038728421

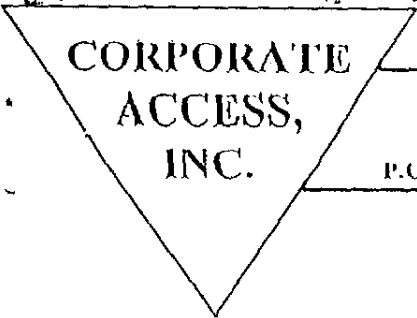
08/05/04--01003--007 **\$7.50

08/05/04--01003--008 **\$2.50

BK

FILED
04 AUG -5 PM 12:46
CLERK OF STATE
TALLAHASSEE, FLORIDA
2004 AUG 5 PM 12:03
FILED

\$740.00



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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04 AUG 95 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WALK IN

PICK UP 8/4/95

☒ CERTIFIED COPY

CUS

PHOTO COPY

☒ FILING Partnership

1.) Lofgren limited Partnership
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

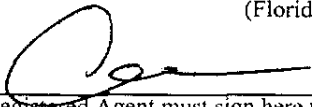
4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

CERTIFICATE OF LIMITED PARTNERSHIP

FILED
04 AUG -5 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. LOFGREN LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 3428 SAHARA SPRINGS DRIVE, POMPANO BEACH, FL 33069
(Business address of Limited Partnership)
3. CHRISTOPHER D. VASALLO, ESQ.
(Name of Registered Agent for Service of Process)
4. 2605 PONCE DE LEON BOULEVARD, CORAL GABLES, FL 33134
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 3428 SAHARA SPRINGS BOULEVARD, POMPANO BEACH, FL 33069
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 25 YEARS
8. Name(s) of general partner(s):
LOFGREN LLC
L0406652059
- Street address:
3428 SAHARA SPRINGS BLVD
POMPANO BEACH, FL 33069

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 22 day of July, 2004.

Signature of all general partners:



General Partner

Lofgren LLC by Ralph A. Gonzalez, Mgr.

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 LOFGREN LIMITED
PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,000.00.

Signed this 22 day of July, 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.*

Lofgren LLC

General Partner

Ralph A. Gonzalez, Mgr.

General Partner

General Partner

General Partner

General Partner

General Partner