

A04000001336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

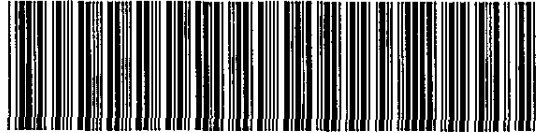
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

13K

Office Use Only



800040154288

FILED
04 AUG 17 PM 12:40
TALLAHASSEE, FLORIDA
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
04 AUG 17 AM 10:46
TALLAHASSEE, FLORIDA
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 850397 11758A

AUTHORIZATION :

COST LIMIT : \$ 140.00

ORDER DATE : August 16, 2004

ORDER TIME : 9:24 AM

ORDER NO. : 850397-015

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq
Doumar Allsworth Cross
Laystrom Perloff Voigt Wachs M
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

DOMESTIC FILING

NAME: THE FLIGNOR FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

FILED
04 AUG 17 11:40
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE FLIGNOR FAMILY LIMITED PARTNERSHIP

04 AUG 17 PM 12:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, constituting the General Partner of THE FLIGNOR FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. Name of the Partnership: THE FLIGNOR FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is.

3880 Coconut Creek Pkwy
Suite 100
Coconut Creek, FL 33066

3. Name and addresses of the agent for the service of process on the Partnership is.

JEFFREY S. WACHS, ESQ.
1177 S.E. 3rd Avenue
Fort Lauderdale, FL 33316

4. Name and business address of the General Partner is.

WILLIAM A. FLIGNOR
3880 Coconut Creek Pkwy
Suite 100
Coconut Creek, FL 33066

5. Mailing address of the Partnership is.

THE FLIGNOR FAMILY
LIMITED PARTNERSHIP
C/O WILLIAM A. FLIGNOR
3880 Coconut Creek Pkwy
Suite 100
Coconut Creek, FL 33066

6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157
of the Florida Statute, however, no later than
December 31, 2054.

The execution of this Certificate by the undersigned General
Partner constitutes an affirmation under penalties of perjury that
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this
Certificate of Limited Partnership of THE FLIGNOR FAMILY LIMITED
PARTNERSHIP, this 12th day August, 2004.

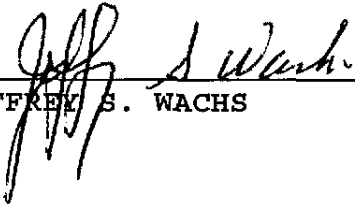
GENERAL PARTNER(S):

William A. Flignor
By: WILLIAM A. FLIGNOR

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE FLIGNOR FAMILY LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:



JEFFREY S. WACHS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared WILLIAM A. FLIGNOR, the General Partner of THE FLIGNOR FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:


NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under 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.

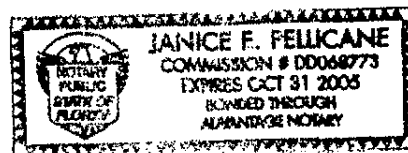
DATED this 12th day of August, 2004.


WILLIAM A. FLIGNOR

STATE OF FLORIDA)
 SS:
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me, the undersigned authority,
by **WILLIAM A. FLIGNOR**, who appeared personally before me and took
an oath, who is personally known to me or who produced
_____ as
identification, on this 12th day of August, 2004.

Janice E Pellicane
Notary Public, State of Florida
Print Name: Janice E Pellicane
My Commission Number: _____
My Commission Expires: _____



C:\WP51\Flignor.W\FlignorFamilyLimitedPartnership\Cert.LP.wpd