

AU4000001502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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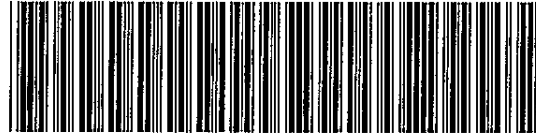
(Business Entity Name)

(Document Number)

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04 SEP 20 PM 2:47  
FALL/HASSETT, FLORIDA

BK

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04 SEP 20 PM 5:34  
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 892543 11758A

AUTHORIZATION :

COST LIMIT : \$ 140.00

ORDER DATE : September 20, 2004

ORDER TIME : 11:57 AM

ORDER NO. : 892543-005

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 KRAVITZ FAMILY REAL  
ESTATE 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: \_\_\_\_\_

*Patricia*  
04 SEP 20 04 PM 8:31  
FILED  
STATE OF FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

OF

THE KRAVITZ FAMILY REAL ESTATE LIMITED PARTNERSHIP

FILED  
04 SEP 20 PM 5:34  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

THE UNDERSIGNED, constituting the General Partner of THE KRAVITZ FAMILY REAL ESTATE 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 KRAVITZ FAMILY REAL ESTATE LIMITED PARTNERSHIP
2. The address of the office of the Partnership is.  
5150 N.W. 82<sup>nd</sup> Terrace  
Coral Springs, FL 33067
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.  
Jack A. Kravitz and  
Rosa M. Kravitz  
5150 N.W. 82<sup>nd</sup> Terrace  
Coral Springs, FL 33067

5. Mailing address of the Partnership is.

THE KRAVITZ FAMILY REAL  
E S T A T E       L I M I T E D  
P A R T N E R S H I P  
c/o Jack A. Kravitz and  
Rosa M. Kravitz  
General Partners  
5150 N.W. 82<sup>nd</sup> Terrace  
Coral Springs, FL 33067

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  
Partners constitute an affirmation under penalties of perjury that  
the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned have duly executed this  
Certificate of Limited Partnership of THE KRAVITZ FAMILY REAL  
ESTATE LIMITED PARTNERSHIP, this 14<sup>th</sup> day Sept, 2004.

GENERAL PARTNER(S):

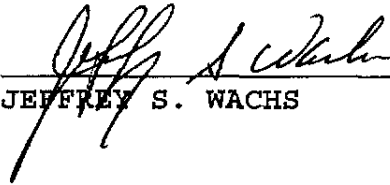
  
By: JACK A. KRAVITZ

  
By: ROSA M. KRAVITZ

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE KRAVITZ FAMILY REAL ESTATE 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 JACK A. KRAVITZ and ROSA M. KRAVITZ, the General Partners of THE KRAVITZ FAMILY REAL ESTATE 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:


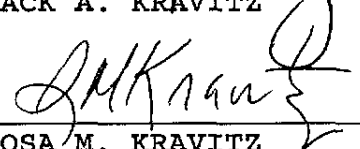
NONE

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, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

DATED this 14<sup>th</sup> day of September, 2004.

  
\_\_\_\_\_  
JACK A. KRAVITZ  
  
\_\_\_\_\_  
ROSA M. KRAVITZ

STATE OF FLORIDA )  
SS: )  
COUNTY OF BROWARD )

SWORN TO AND SUBSCRIBED before me, the undersigned authority,  
by JACK A. KRAVITZ, who appeared personally before me and took an  
oath, who is personally known to me or who produced \_\_\_\_\_  
\_\_\_\_\_ as identification, on this  
14<sup>th</sup> day of September, 2004.

Lisa D. Belenson  
Notary Public, State of Florida  
Print Name: LISA D. Belenson  
My Commission Number: DD133915  
My Commission Expires: 8/10/06

STATE OF FLORIDA )  
SS: )  
COUNTY OF BROWARD )



Lisa D. Belenson  
Commission # DD133915  
Expires Aug. 10, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.

SWORN TO AND SUBSCRIBED before me, the undersigned authority,  
by ROSA M. KRAVITZ, who appeared personally before me and took an  
oath, who is personally known to me or who produced \_\_\_\_\_  
\_\_\_\_\_ as identification, on this  
14<sup>th</sup> day of September, 2004.

Lisa D. Belenson  
Notary Public, State of Florida  
Print Name: LISA D. Belenson  
My Commission Number: DD133915  
My Commission Expires: 8/10/06



Lisa D. Belenson  
Commission # DD133915  
Expires Aug. 10, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.

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