

A04000001504

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300041016603

09/21/04--01002--017 **1785.00

FILED
04 SEP 20 AM 9:18
TALLAHASSEE, FLORIDA

RECEIVED
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

04 SEP 20 PM 3:46

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILE SECOND!
FILED
SEP 20 AM 9:19
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 9/20/04

REF. #: 0399.30035

CORP. NAME: AWSMBB PARTNERSHIP, LTD.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 509719 FOR \$ 1785.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP
OF

AWSMBB PARTNERSHIP, LTD.
a Florida Limited Partnership

FILED
04 SEP 20 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act, as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The Partnership's name is AWSMBB PARTNERSHIP, LTD., a Florida Limited Partnership.

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

c/o John A. Moran
22 S. Links Ave., Suite 300
Sarasota, FL 34236

3. The name and street address of the Agent for service of process on the Partnership are as follows:

John A. Moran
22 S. Links Ave., Suite 300
Sarasota, FL 34236

4. The name and business address of the General Partner are as follows:

AWSMBB HOLDINGS, LLC
22 S. Links Ave., Suite 300
Sarasota, FL 34236

LO4000068 421

5. The mailing address of the Partnership is:

c/O John A. Moran
P.O. Box 3948
Sarasota, FL 34230-3948

6. The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is December 31, 2054, unless the term of the Partnership is further extended by a Majority in Interest of the Partners, as defined in the Partnership Agreement.

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the Certificate of Limited Partnership with the Florida Department of State.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by John A. Moran, as Authorized Agent of **AWSMBB HOLDINGS, LLC**, a Florida Limited Liability Company, the General Partner of **AWSMBB PARTNERSHIP, LTD.**, a Florida Limited Partnership, this 2nd day of Sept, 2004.

WITNESSES:

Rebecca J. Proctor
Maica Souders

AWSMBB HOLDINGS, LLC, a Florida Limited Liability Company

By: John A. Moran, Authorized Agent

"GENERAL PARTNER"

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 2nd day of Sept, 2004, by John A. Moran, who [☒] is personally known to me or [☐] has produced _____ as identification, in his capacity as Authorized Agent of **AWSMBB HOLDINGS, LLC**, a Florida Limited Liability Company, the General Partner of **AWSMBB PARTNERSHIP, LTD.**, a Florida Limited Partnership.



Rebecca J. Proctor
MY COMMISSION # DD099832 EXPIRES
March 13, 2006
BONDED THRU TROY FARM INSURANCE, INC.

Rebecca J. Proctor
Notary Public
Printed Name/My Commission
Expires:

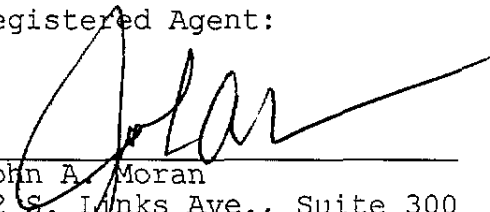
THIS INSTRUMENT PREPARED BY:
Rebecca J. Proctor
Florida Bar No. 70629774
DUNLAP & MORAN, P.A.
Post Office Box 3948
Sarasota, FL 34230-3948
Telephone: 941-366-0115
JAM/RJP/756-13 Cert of Lim Part

ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT

Having been named as statutory Registered Agent for **AWSMBB PARTNERSHIP, LTD.**, a Florida Limited Partnership (the "Partnership" in the foregoing Certificate of Limited Partnership), I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

Dated: 9/2, 2004

Registered Agent:



John A. Moran
22 S. Links Ave., Suite 300
Sarasota, Florida 34236

JAM/RJP/756-13 Cert of Lim Part

AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority personally appeared JOHN A. MORAN, Manager of AWSMBB HOLDINGS, LLC, a Florida Limited Liability Company, the General Partner of AWSMBB PARTNERSHIP, LTD., a Florida Limited Partnership (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contribution to the Partnership made by the Limited Partners is in the aggregate of Three Hundred Fifty Thousand and No/100 (\$ 350,000.00) Dollars.

2. At this time it is anticipated that the Limited Partners will make no additional capital contributions.

Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

AWSMBB HOLDINGS, LLC, a Florida
Limited Liability Company

By: _____

JOHN A. MORAN, Authorized
Agent of General Partner

2nd day of Sept, 2004, by JOHN A. MORAN, as Authorized Agent of AWSMBB HOLDINGS, LLC, the General Partner, who is personally known to me or who has produced N/A as identification.



Rebecca J. Proctor
MY COMMISSION # DD099832 EXPIRES
March 13, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

Printed Name/My Commission Expires: