

A04000001652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

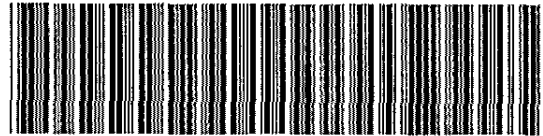
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10/20/04--01065--005 **1837.50

RECEIVED
04 OCT 20 PM 12:00
DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
04 OCT 20 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/20/04

REF. #: 0333.31014

CORP. NAME: CADRECHA FAMILY LIMITED PARTNERSHIP

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☒ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1144 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. CADRECHA Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1300 7th AVENUE TAMPA FL 33605
(Business address of Limited Partnership)

3. Robert N. CADRECHA
(Name of Registered Agent for Service of Process)

4. 1300 7th AVENUE TAMPA FL 33605
(Florida street address for Registered Agent)

5. (see Mr. Cadrecha's signature below)
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1300 7th AVENUE TAMPA FL 33605
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12-31-2050

8. Name(s) of general partner(s): _____ Street address: _____

TAMPA WHOLESALE FURNITURE Co., 1300 7th AVENUE TAMPA FL 33605
A FLORIDA CORPORATION

333 666

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 19 day of October, 2004.

Signature of all general partners:

General Partner

General Partner

General Partner

TAMPA WHOLESALE FURNITURE Co.
By: [Signature]

General Partner
Robert N. CADRECHA

General Partner

General Partner

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____

CADRECHA FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 2,534,400

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 2,534,400

Signed this 19 day of October, 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.*

TAMPA WHOLESALE FURNITURE CO.

By: [Signature]

General Partner

General Partner

ROBERT N. CADRECHA

General Partner

General Partner

General Partner

General Partner