

A05 000 0000 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

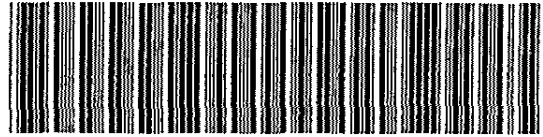
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1/3
HST



500043592095

12/27/04--01064--009 **1785.00

FILED

2004 DEC 27 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
JEROME A. SIMONS, P.A.

EMERALD VILLAGE PROFESSIONAL PLAZA
3864 SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021
TELEPHONE: (954) 963-2225
FAX: (954) 963-2227

JEROME A. SIMONS

DAVID J. SIMONS

December 22, 2004

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: SIMONS FAMILY LIMITED PARTNERSHIP

Gentlemen:

Enclosed please find the original and one copy of the following regarding the above limited partnership:

1. Certificate of Limited Partnership
2. Affidavit of Capital contributions for Florida Limited Partnership
3. Check in the amount of \$1,785.00 representing the \$1,750.00 filing fee and \$35.00 Registered Agent Designation.

Please file same and return one copy to me for my records. If you have any questions, please do not hesitate to contact me.

Yours truly,

JEROME A. SIMONS, P.A.

BY:

David J. Simons, Esquire

mmp
Enclosures

\\handi-sim\slp\sec.of state

2004 DEC 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CERTIFICATE OF LIMITED PARTNERSHIP

1. SIMONS FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 3864 SHERIDAN STREET, HOLLYWOOD, FL 33021
(Business address of Limited Partnership)
3. DAVID J. SIMONS, ESQ.
(Name of Registered Agent for Service of Process)
4. 3864 SHERIDAN STREET, HOLLYWOOD, FL 33021
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 3864 SHERIDAN STREET, HOLLYWOOD, FL 33021
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2033
8. Name(s) of general partner(s):
HANDI-SIM, INC., a FL Corp. Street address:
3864 Sheridan Street
Hollywood, FL 33021

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 1st day of April, 2003.

Signature of all general partners:
HANDI-SIM, INC., a FL Corp.

By: 
General Partner
JEROME A. SIMONS, PRESIDENT

General Partner

General Partner

General Partner

General Partner

General Partner

2004 DEC 27 PM 2:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

The undersigned constituting all of the general partners of _____
SIMONS FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 805,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,200,000.00.

Signed this 1st day of April, 2003.

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.*

HANDI-SIM, INC., a Florida Corporation

By: _____

General Partner
JEROME A. SIMONS, President

General Partner

General Partner

General Partner

General Partner

General Partner

2004 DEC 27 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED