

A 05000000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

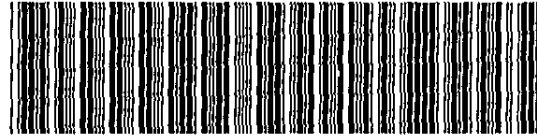
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

CORPORATE
ACCESS,
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666, Fax (904) 222-1666

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✓ FILING Limited Partnership

PZA Limited Partnership

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

INSTRUCTIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 31, 2005

CORPORATE ACCESS

TALLHASSEE, FL

SUBJECT: PZA LIMITED PARTNERSHIP
Ref. Number: W05000004918

05 FEB -3 PM 2:08
SECRETARY OF STATE
TALLHASSEE, FLORIDA

We have received your document for PZA LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

The R.A. must sign the acceptance statement in Item 5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 505A00006745

corrected 2/3/05,

*Thanks,
Irish!*

05 FEB -3 PM 11:27
SECRETARY OF STATE
TALLHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. PZA LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 248 PALERMO AVENUE, CORAL GABLES, FL 33134
(Business address of Limited Partnership)
3. TRESCOTT, DRUCKER & VASALLO P.L.
(Name of Registered Agent for Service of Process)
4. 2605 PONCE DE LEON BOULEVARD, CORAL GABLES, FL 33134
(Florida street address for Registered Agent)
5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 248 PALERMO AVENUE, CORAL GABLES, FL 33134
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 25
8. Name(s) of general partner(s): _____ Street address: _____

PZA FLORIDA, LLC

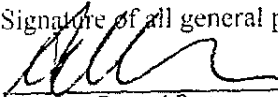
248 PALERMO AVENUE

CORAL GABLES, FL 33134

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 23 day of November, 2014.

Signature of all general partners:


General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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

The undersigned constituting all of the general partners of _____
PZA LIMITED PARTNERSHIP _____,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 990.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 990.00 .

Signed this 23 day of November , 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.*



General Partner

General Partner

General Partner

General Partner

General Partner

General Partner