A05000000243

(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

800045341968

01/31/05--01058--004 **87.50

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

ORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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

WALK IN

PICK UP 1/3

IFIED COPY

CUS

TO COPY

✓ FILING Limited Partnership

P2A Limited Partnership
PORATE NAME & DOCUMENT #)

PORATE NAME & DOCUMENT #)

PORATE NAME & DOCUMENT #)

PORATE NAME & DOCUMENT #)

PORATE NAME & DOCUMENT #)

INSTRUCTIONS

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 31, 2005

CORPORATE ACCESS

TALLHASSEE, FL

SUBJECT: PZA LIMITED PARTNERSHIP
Ref. Number: W05000004918

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,
Trish!

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

CERTIFICATE OF LIMITED PARTNERSHIP

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

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
L04000063264	

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, 2004.

Signature of all general partners:

General Partner	General Partner
General Partner	General Partner
General Partner	General Partner

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