

A 05000000520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

LP-217.00

(Business Entity Name)

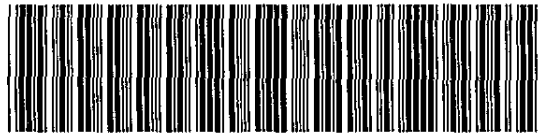
(Document Number)

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03/18/05--01006--006 **217.00

03/08/05--01047--022 **304.50

FILED
05 MAR 14 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

RECEIVED
03/18/05 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/ST/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MADANY & AKRUK, LP

2-

3-

4-

05 MAR 14 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 9, 2005

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: MADANY & AKRUK, LP
Ref. Number: W05000012159

Barbican

FILED
05 MAR 14 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
LIMIT

We have received your document for MADANY & AKRUK, LP and your check(s) totaling \$304.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$304.50 payment.

With a total of \$62,000.00 contributed and anticipated to be contributed by the limited partners, the filing fee would be \$434.00. Then you must add the \$35.00 R.A. fee, and the \$52.50 fee for a certified copy.

The TOTAL AMOUNT REQUIRED would be \$521.50.

Please resubmit your filing with an ADDITIONAL \$217.00. *o.k.*

ALSO, please note that Florida limited partnerships cannot use the suffix "LP". Please use LTD., LIMITED, or LIMITED PARTNERSHIP.

ALSO, it's a little unclear about whether Leo J. Salvatore -- the individual -- is going to be the R.A., or whether SAVATORI & WOOD, P.L. -- the LLC -- is going to be the R.A. Please clarify this. *o.k.*

INCORRECT SPELLING

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: 005A00016289

RECEIVED
05 MAR 14 PM 12:41
DIVISION OF CORPORATIONS

**CERTIFICATE OF LIMITED PARTNERSHIP
OF**

MADANY & AKRUK, LIMITED PARTNERSHIP

FILED
05 MAR 14 PM 3:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

THIS CERTIFICATE is executed this 25th day of February, 2005, pursuant to Chapter 620, Florida Statutes, as amended, and the Limited Partnership Agreement of Madany & Akruk, Limited Partnership (the "Partnership").

1. Name. The name of the Partnership is Madany & Akruk, Limited Partnership
2. Office. The address of the Partnership's office is:

980 Cape Marco Dr - Monterrey Bldg - unit 908
Marco Island FL 34145

3. Statutory Agent. The name and mailing address of the Partnership's registered agent is:

SALVATORI & WOOD, P.L.
4001 Tamiami Trail North, Suite 330
Naples, FL 34103

4. General Partners. The names and mailing addresses of the general partners:

Bahij H. Madany, M.D.
72 Maple Lane
Newtown PA 18940

Samir R. Akruk, M.D.
539 Aspen Woods Dr
Yardley PA 19067-6314

5. Dissolution. The latest date upon which the Partnership is to be terminated and dissolved is the last day of December, 2055.

IN WITNESS WHEREOF, the undersigned general partner has executed this Certificate as of the day and year first above written.

GENERAL PARTNERS:

Bahij H. Madany M.D.
Bahij H. Madany, M.D.

Samir R. Akruk, M.D.
Samir R. Akruk, M.D.

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF
MADANY & AKRUK, LIMITED PARTNERSHIP**

The undersigned, constituting all of the general partners of MADANY & AKRUK, ^{Limited Partnership} a
Florida limited partnership, certifies:

1. The amount of capital contributions to date of the limited partners is _____
(\$ 31,000) Dollars.
2. The total amount contributed and anticipated to be contributed by the limited partners at
this time totals \$ 62,000.

Signed this 25th day of February, 2005.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Bahij H. Madany M.D.
Bahij H. Madany, M.D., General Partner

Samir R. Akruk, M.D.
Samir R. Akruk, M.D., General Partner

**CERTIFICATE OF ACCEPTANCE OF DESIGNATED REGISTERED AGENT AND
REGISTERED OFFICE**

Having been named to accept service of process for MADANY & AKRUK, ^{Limited Partnership} at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity and further agrees to comply with the provisions of the Florida Revised Uniform Limited Partnership Act relative to the keeping of said office and the proper and complete performance of its duties.

That, having been named to accept service of process for the above-stated company, at the place designated in this Certificate, the undersigned hereby agrees to act in this capacity; the undersigned is familiar with and accepts the obligations of §607.0505 of the Florida Business Corporation Act and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties.

SALVATORI & WOOD, P.L.

By: _____

Leo J. Salvatori, as Manager

Dated: February 28, 2005

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 28 day of February, 2005, by Leo J. Salvatori, who is personally known to me.

Nancy C. Jarvi
NOTARY PUBLIC (SEAL)

My Commission Expires:

