

AD5 000001075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

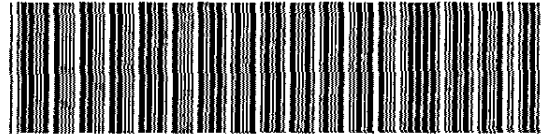
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600054895826

05/24/05--01013--001 **1793.75

FILED
05 MAY 24 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pestano & Associates, PA

COMPLETE ACCOUNTING SERVICES
CERTIFIED FRAUD EXAMINERS

May 11, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: The Lizcano Family Limited Partnership

Gentleman:

Attached please find the Certificate of Limited Partnership of THE LIZCANO FAMILY LIMITED PARTNERSHIP and the Affidavit of Capital Contributions along with a check for \$1793.75 to cover the \$1750.00 filing fee, the \$8.75 Certificate of Status, and the \$35.00 for the designation of the Registered Agent.

If any additional information, monies and/or documentation is required please call this office at the toll free number below to expedite this matter.

Your anticipated cooperation is most appreciated.

Cordially,



A. Pestano Jr., CFE

FILED
05 MAY 24 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7758 NW 44 St.
Sunrise, Fl. 33351
Tel. 954/578-0016 954/578-0711
tpestano@bsegi.com

CERTIFICATE OF LIMITED PARTNERSHIP


OF

1. THE LIZCANO FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 747 NW 208 Dr., Pembroke Pines, Florida 33029
(Business address of Limited Partnership)

3. ANTOLIN PESTANO JR
(Name of Registered Agent for Services of Process)

4. 7758 NW 44 ST, SUNRISE, FLORIDA 33351
(Florida Street address for Registered Agent)

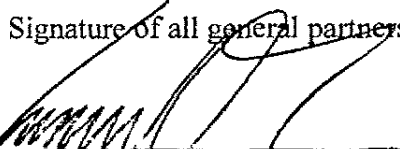
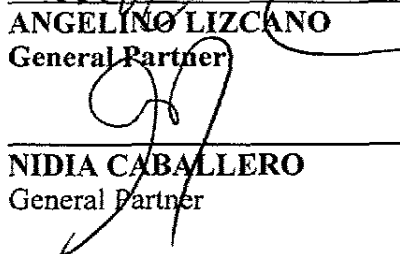
5. 
(Registered Agent must sign to accept designation as Registered Agent for Service of Process)

6. 5701 PINE TERRACE, PLANTATION, FL 33317
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is:
January 1, 2030

8.	Name of general partner (s):	Specific address:
	<u>ANGELINO LIZCANO</u>	<u>5701 PINE TERRACE, PLANTATION, FL 33317</u>
	<u>NIDIA CABALLERO</u>	<u>5701 PINE TERRACE, PLANTATION, FL 33317</u>

Signed this 20 day of May, 2005.

Signature of all general partners:

ANGELINO LIZCANO
General Partner

NIDIA CABALLERO
General Partner

FILED
05 MAY 24 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE UNDERSIGNED constituting all of the general partners of **THE LIZCANO FAMILY LIMITED PARTNERSHIP**, a Florida Limited Partnership, certify:

The capital contribution to date of the limited partners is \$ 300,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time total \$ 300,000.00.

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.

Dated, this 20 day of May, 2005.

[Signature]
ANGELINO LIZCANO
General Partner

[Signature]
NIDIA CABALLERO
General Partner

State of Florida

County of Broward

FILED
05 MAY 24 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

On this date before me a Notary public for the State of Florida appeared NIDIA CABALLERO and ANGELINO LIZCANO, known to me to be the individuals that executed the above document or who presented Florida Drivers Licences as id's Number _____ and _____ as identification and who acknowledge to be the person who's name appears here in and who signed in my presence the above on this 20 day of May, 2005.

[Signature]
Notary

