# A0500001163

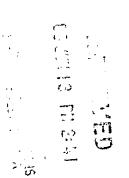
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000055171640





a. 2005



ACCOUNT NO. : 072100000032

AUTHORIZATION : atricia (1758)

COST LIMIT : \$ 140.00

ORDER DATE : June 13, 2005

ORDER TIME : 2:23 PM

ORDER NO. : 424485-010

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq

Doumar Allsworth Cross

Laystrom Perloff Voigt Wachs M 1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

#### DOMESTIC FILING

NAME:

THE MACINNES FAMILY INVESTMENTS LIMITED

PARTNERSHIP

### EFFECTIVE DATE:

ARTICLES OF INCORPORATION  XX CERTIFICATE OF LIMITED PARTNERSHIP  ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS:

2005 JUN 13 PM 4: 51

#### CERTIFICATE OF LIMITED PARTNERSHIP

OF

# THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP

THE UNDERSIGNED, constituting the General Partner of THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP, a Florida Limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

- 1. Name of the Partnership: THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP
- 2. The address of the office of the Partnership is.

6561 NE 20 Way Ft. Lauderdale, FL 33308

3. Name and addresses of the agent for the service of process on the Partnership is.

JEFFREY S. WACHS, ESQ. 1177 S.E. 3rd Avenue Fort Lauderdale, FL 33316

4. Name and business address of the General Partner is.

Malcolm G. MacInnes, II and Marcela MacInnes 6561 NE 20 Way Ft. Lauderdale, FL 33308

5. Mailing address of the Partnership is.

THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP c/o Malcolm G. MacInnes, II and Marcela MacInnes General Partners 6561 NE 20 Way Ft. Lauderdale, FL 33308

# 6. Latest date upon which the Partnership will dissolve.

Will be in accordance with Section 620.157 of the Florida Statute, however, no later than December 31, 2055.

The execution of this Certificate by the undersigned General Partners constitute an affirmation under penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned have duly executed this Certificate of Limited Partnership of THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP, this 2 day \_\_\_\_\_\_\_, 2005.

GENERAL PARTNER(S):

By: MALCOLM G. MACINNES, II

By: MARCELA MACINNES

2005 JUN 13 PH 4: 51

#### ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP, a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

JEEFREY S. WACHS

2005 JUN 13 PN 4:51

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared MALCOLM G. MACINNES, II and MARCELA MACINNES, the General Partners of THE MACINNES FAMILY INVESTMENTS LIMITED PARTNERSHIP, a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$5,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

#### NONE

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.

DATED this 2 day of Lune, 2005.

MALCOLM G. MACINNES, II

MARCELA MACINNES

MARCELA MACINNES

STATE OF FLORIDA ) SS:		
COUNTY OF BROWARD )		
by MALCOLM G. MACINNES, II, w	pefore me, the undersigned authority, tho appeared personally before me and hally known to me or who produced as identification, 2005.	
Lisa D. Belenson  Commission # DD133915  Expires Aug. 10, 2006  Bonded Thru  Atlantic Bonding Co., Inc.	Notary Public, State of Florida Print Name: LISAD Belenson Commission Number: D0133915 My Commission expires: 8110/06	
STATE OF FLORIDA )  SS:  COUNTY OF BROWARD )		
SWORN TO AND SUBSCRIBED before me, the undersigned authority, by MARCELA MACINNES, who appeared personally before me and took an oath, who is personally known to me or who produced as identification, on this, 2005.		
Lisa D. Belenson Commission # DD133915 Expires Aug. 10, 2006 Bonded Thru	Notary Public, State of Florida Print Name: Listo Belenson Commission Number: DD133916 My Commission expires: 8/10/06	

Lisa D. Belenson
Commission # DD133915
Expires Aug. 10, 2006
Bonded Thru
Atlantic Bonding Co., Inc.