

#A12000000743

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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K. SALY  
EXAMINER  
NOV 27 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 432946 4305390

AUTHORIZATION :

*Spudleman*

COST LIMIT : \$ 1000

ORDER DATE : November 26, 2012

ORDER TIME : 3:19 PM

ORDER NO. : 432946-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: PAUL H. ABRAMS AND MARCIA  
ABRMAS FAMILY LIMITED  
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
12 NOV 26 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Paul H. Abrams and Marcia Abrams Family Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,  
or LLLP.

2. 19 Sutton Drive

(Street address of initial designated office)

Boynton Beach, FL 33436

3. Paul H. Abrams

(Name of Registered Agent for Service of Process)

4. 19 Sutton Drive

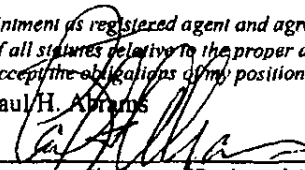
(Florida street address for Registered Agent)

Boynton Beach, FL 33436

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Paul H. Abrams

By: X

  
Signature of Registered Agent Paul H. Abrams

6. 19 Sutton Drive

(Mailing address of initial designated office)

Boynton Beach, FL 33436

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each general partner:

Name:

Business Address:

Jeffrey Abrams

232 Green Ridge Road

Franklin Lakes, NJ 07417

Linda Abrams

7251 Sycamore Trail

Los Angeles, CA 90068

Lauren B. Abrams

650 West Avenue, Apt. 3003

Miami Beach, FL 33139

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 21<sup>st</sup> day of November, 2012

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X [Signature] \_\_\_\_\_  
X \_\_\_\_\_  
X \_\_\_\_\_

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

8. Name and business address of each general partner:

Name:

Business Address:

Jeffrey Abrams

232 Green Ridge Road

Franklin Lakes, NJ 07417

Linda Abrams

7251 Sycamore Trail

Los Angeles, CA 90068

Lauren B. Abrams

650 West Avenue, Apt. 3003

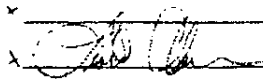
Miami Beach, FL 33139

9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 17<sup>th</sup> day of November, 2012

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x   
x \_\_\_\_\_  
x \_\_\_\_\_

LINDA ABRAMS  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

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8. Name and business address of each general partner:

Name:

Business Address:

Jeffrey Abrams

232 Green Ridge Road

Franklin Lakes, NJ 07417

Linda Abrams

7251 Sycamore Trail

Los Angeles, CA 90068

Lauren B. Abrams

850 West Avenue, Apt. 3003

Miami Beach, FL 33139

9. Effective date, if other than the date of filing: \_\_\_\_\_

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x \_\_\_\_\_

x \_\_\_\_\_

x Lauren B. Abrams

**Filing Fees:**

**\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**

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