A95000000010

LAW OFFICES OF
MAYER & SAUERBERG
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EARL E. MAYER, JR.*
ERIC M. SAUERBERG, P.A.
P. TODD KENNEDY, P.A.
****
DONALD W. MILLER, P.A., of Counsel**
****
* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law
** Also Admitted in New Jersey

December 20, 1994

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Sheinson Family Investment Company, Ltd.

Dear Sir/Madam:

Enclosed please find an original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced limited partnership. Please file the originals and return the copies stamped with the date and time the documents have been accepted for filing. I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our check in the amount of $1,785.00 to cover the required filing fee.

Should you have any questions, please do not hesitate to contact me.

1/3/94
dcc

Sincerely,

Eric M. Sauerberg

EMS:njk
Enclosures

sheinson\ltrs\ltd-sos.ltr

TC
#1 [illegible]

A95000000010

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SHEINSON FAMILY INVESTMENT COMPANY, LTD.

1. SHEINSON FAMILY INVESTMENT COMPANY, LTD.
(Name of Limited Partnership; must contain suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1016 Belair Drive, Highland Beach, Florida 33487
(The Business Address of the Limited Partnership)

3. MICHAEL P. SHEINSON
(Name of Registered Agent for Service of Process)

4. 1016 Belair Drive, Highland Beach, Florida 33487
(Address for Registered Agent)

FILED
DEC 23 9:01

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

6. 1016 Belair Drive, Highland Beach, Florida 33487
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is January 1, 2044.

8. NAME OF GENERAL PARTNER(S)

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
MICHAEL P. SHEINSON, as Trustee of the MICHAEL P. SHEINSON Revocable Trust dated as of the date of this Certificate	1016 Belair Drive Highland Beach, FL 33487

Signed this 22 day of July, 1994.

Signature of General Partner:

MICHAEL P. SHEINSON, as Trustee of the MICHAEL P. SHEINSON Revocable Trust dated as of the date of this Certificate

By:

MICHAEL P. SHEINSON, as Trustee

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting the general partner of SHEINSON FAMILY INVESTMENT COMPANY, LTD., a Florida limited partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 1,210,092.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 1,210,092.00 .

This 22 day of July, 1994.

FURTHER AFFIANT SAYETH NOT.

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

FILED
[illegible] DEC 23 [illegible] 01

GENERAL PARTNER:

MICHAEL P. SHEINSON, as Trustee of the
MICHAEL P. SHEINSON Revocable Trust
dated as of the date of this Affidavit

By: ______________________
MICHAEL P. SHEINSON, as Trustee

sheinson\docs\affidavit

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

LIMITED PARTNERSHIP
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -2 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001401035
-02/08/95--01131--016
****576.25 ****576.25
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Sheinson Family Investment Company, Ltd.

1a. DOCUMENT #
A-95000000010

Mailing Address / Principal Office Address

1016 Belair Drive
Highland Beach, Florida 33487

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and or 2a

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

3. Date Registered to Do Business in FLORIDA 12123194	**3a.** Date of Last Report N/A	**4.** State or Country of Formation Florida
5a. Capital Contributions as Shown on Record 1,210,092.00	**5b.** Amount of Capital Contributions in FLORIDA to date 1,210,092.00	**6.** FEI Number

X Applied For
Not Applicable

7. $8.75 Additional Fee is required for a Certificate of Status ☐

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO s.607.103, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

Michael P. Sheinson
1016 Belair Drive
Highland Beach, Florida 33487

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ______ DATE ______

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	**11a.** Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	**11b.** City and State	**11c.** Registration Document Number
Michael P. Sheinson, as Trustee of the Michael P. Sheinson Revocable Trust dated July 22, 1994	1016 Belair Drive	Highland Beach, FL	RC

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE X ______ DATE

Typed or Printed Name of General Partner Signing Form ______ Telephone Number ______

CR2E003 (6/94)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 11 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000010

SHEINSON FAMILY INVESTMENT COMPANY, LTD.

Mailing Address
1016 BELAIR DRIVE
HIGHLAND BEACH FL 33487

Principal Office Address
1016 BELAIR DRIVE
HIGHLAND BEACH FL 33487

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA 12/23/1994	3a. Date of Last Report 02/02/1995	4. State or Country of Formation FL
5a. Capital Contributions as Shown on Record $1,210,092.00	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number NOT APPLICABLE

7. CERTIFICATE OF STATUS REQUIRED
☐ Applied For
☐ Not Applicable
$8.75 Additional Fee Required for a Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50.
2) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

ae
12-13

9. Name and Address of Current Registered Agent
SHEINSON, MICHAEL P
1016 BELAIR DRIVE
HIGHLAND BEACH FL 33487

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ____________ DATE ____________

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SHEINSON, MICHAEL P TRUSTEE	1016 BELAIR DRIVE	HIGHLAND BEACH FL 334	

900001662159
-12/15/95--01013--005
****576.25 ****576.25

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for compliance with Section 119.07(3)(i), in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE ____________ DATE 12/5/95

Typed or Printed Name of General Partner Signing Form ____________ Telephone Number ____________