

A9500000233

OFFICE USE ONLY (Document #)

Clifford L. Lelay
(Requestor's Name)
41922 Durillo Creek Dr
(Address)
Oklaoma, IL 34677
(City, State, Zip) (Phone #)

FILED
1995 FEB 16 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001410125
-02/20/95--01044--004
*****07.50 *****07.50

OFFICE USE ONLY

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

- Lelay Secret Family Limited Partnership
(Corporation Name) (Document #)
- 41950000233
(Corporation Name) (Document #)
- (Corporation Name) (Document #)
- (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

no check

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

FF - \$52.50
RA - \$35.00

2-17-95

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

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

~~685, 640, 654~~
~~611, 709, 736, 233~~
~~7-8-95~~
~~1023~~
~~671~~

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 8, 1995

CLIFFORD I. ZALAY
4922 TURTLE CREEK TRAIL
OLDSMAR, FL 34677

SUBJECT: ZALAY SECOND FAMILY LIMITED PARTNERSHIP
Ref. Number: W95000002916

We have received your document for ZALAY SECOND FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners and notarized.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

The registered agent must sign accepting the designation.

We are enclosing the proper form(s) with instructions for your convenience.

The attached form must be completed in order to file the document.
LIMITED PARTNERSHIP CERTIFICATE/APPLICATION BASIC FEES

Filing fees \$52.50 minimum - \$1750 maximum
Registered Agent Designation \$35

The filing fee is based on the total amount contributed and anticipated to be contributed by the limited partners as shown in the affidavit at a rate of \$7 per \$1000. The filing fee for an Application to Register a Foreign Limited Partnership is based on the total amount contributed by the limited partners allocated for the purpose of transacting business in the State of Florida at a rate of \$7 per \$1000.

Certified Copy	\$52.50
(15 pages or less, \$1 for each additional page after initial 15 pages)	
Registered Agent/Office Change	\$35
Name Reservation	

(120 days nonrenewable)	\$35
Amendment	
(other than specified)	\$52.50
Affidavit Decreasing Contributions	\$52.50
Affidavit Increasing Contributions	
\$7 per \$1000 on increase only	
(\$52.50 minimum-\$1750 maximum)	
Certificate of Status or Fact	\$8.75
Cancellation	\$52.50
Resignation of Registered Agent	\$87.50
LP Annual Report	
\$7 per \$1000 of invested capital	
(\$52.50 minimum - \$437.50 maximum)	
plus Supplemental Fee of \$138.75	
Reinstatement	
(\$500 for each year or part thereof the	
partnership was revoked plus the delinquent	
annual report fees)	

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 (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 495A00005512

CERTIFICATE OF LIMITED PARTNERSHIP
OF

A95000000233

FILED
1995 FEB 16 AM 9:11
TALLAHASSEE, FLORIDA

1. ZALAY SECOND FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 4922 TURTLE CREEK TRAIL OLDSMAR, FL 34677
(The Business Address of Limited Partnership)
3. CLIFFORD L. ZALAY, SR.
(Name of Registered Agent for Service of Process)
4. 4922 TURTLE CREEK TRAIL OLDSMAR, FL 34677
(Florida Street Address for Registered Agent)
5. Clifford L. Zalay, Sr.
(Registered Agent must sign here to accept designation as Registered Agent for
Service of Process.)
6. 4922 TURTLE CREEK TRAIL OLDSMAR, FL 34677
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is 25 yrs.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

CLIFFORD L. ZALAY, SR.

4922 TURTLE CREEK TRAIL

OLDSMAR, FL 34677

Signed this 15th day of February, 1975.
Signature of all general partners:

Reuben K. Kalay, Jr.
General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1975 FEB 16 AM 9 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of ZALAY SECOND FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ -0-.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ -0-.

This 13th day of February, 1995.

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.

Orlando L. Zalay, Sr.
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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1995 FEB 16 AM 9:11
TALLAHASSEE, FLORIDA

A95000000233

OFFICE USE ONLY (Document #)

Clifford Zalay, Sr.

(Requestor's Name)

4922 Turtle Creek Trail

(Address)

Oldsmar, FL 34677

(City, State, Zip)

(Phone #)

(813) 781-7111

FILED

96 APR 19 PM 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000018129301
-05/03/96--01000--001
*****59.50 *****52.50

OFFICE USE ONLY

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

1. Zalay Second Family Limited Partnership / A95000000233

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐

Walk in

☐

Pick up time

☐

Certified Copy

☐

Mail out

☐

Will wait

☐

Photocopy

☐

Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
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<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
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REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

5250



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 8, 1996

ZALAY SECOND FAMILY LIMITED PARTNERSHIP
4922 TURTLE CREEK TRAIL
OLDSMAR, FL 34677

SUBJECT: ZALAY SECOND FAMILY LIMITED PARTNERSHIP
Ref. Number: A9500000233

We have received your document for ZALAY SECOND FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$191.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

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 (904) 487-6967.

Kenny Manning
Corporate Specialist

Letter Number: 696A00005643

*Certificate of Status - (after this period)
additional check enclosed (attached)*

FILED

96 APR 19 AM 11:12

SECRETARY OF STATE

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of ZALAY SECOND FAMILY LIMITED PARTNERSHIP

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 100.00.

This 18th day of December, 19 95.

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

Deborah J. Zalay, Sr.

Fees:
\$7 per \$1000, based on additional
contributions
Minimum \$52.50
Maximum \$1750.00

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
Gwendolyn M. Brown
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 APR 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000233

ZALAY SECOND FAMILY LIMITED PARTNERSHIP

Mailing Address
4922 TURTLE CREEK TRAIL
OLDSMAR FL 34677

Principal Office Address
4922 TURTLE CREEK TRAIL
OLDSMAR FL 34677

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

3. Date Formed or Registered to Do Business in
FLORIDA
02/16/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$0.00

5b. Amount of Capital Contributions in
FLORIDA to date
100.00

6. EIN Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

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.

9. Name and Address of Current Registered Agent

ZALAY, CLIFFORD I SR.
4922 TURTLE CREEK TRAIL
OLDSMAR FL 34677

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State & Zip
City

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)

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

11. Name(s) of General Partner(s)

ZALAY, CLIFFORD I SR.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4922 TURTLE CREEK TRA

11b. City, State & Zip Code

OLDSMAR FL 34677

11c. Registration/
Document Number

100001812931
-05/08/96--01038--004
*****138.75 *****138.75

191.25
Kwm

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effects 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

Clifford I. Zalay, SR.

DATE

12/18/95

Typed or Printed Name of General Partner Signer Form

CLIFFORD I. ZALAY, SR.

Telephone Number

(913) 781-7111