

A95000 000 282

LAW OFFICES OF
SCOTT E. SYLVIA
262 UNION STREET
NEW BEDFORD, MASSACHUSETTS 02740

TELEPHONE
(508) 994-8000
FAX
(508) 999-9370

October 3, 1994

Florida Department of State
Bureau of Commercial Recording
Registration and Qualification Selection
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

7000001411817
-02/21/95---01137---001
***\$140.00 ***\$140.00

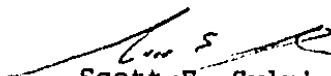
To whom it may concern;

Enclosed please find a certificate of Limited Partnership for the following limited partnerships:

SYLVIA FAMILY I LIMITED PARTNERSHIP
SYLVIA FAMILY II LIMITED PARTNERSHIP

I have enclosed checks for each limited partnership in the amount of \$140.00. If you have any questions please feel free to contact me.

Sincerely,


Scott E. Sylvia

Enclosure

Name	
Availability	KWM
Document	
Encl	KWM
Upr	KWM
Upr	
Verif	KWM
V. P. A.	

FILED
C= FEB 20 AM 9:35
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. Name of Partnership: SYLVIA FAMILY I LIMITED PARTNERSHIP

2. General character and nature of partnership business:

To engage in the business of investing in, purchasing, acquiring, owning, managing, selling, exchanging, and otherwise disposing of real estate located within the State of Florida and elsewhere.

3. Address of (the) office of partnership in the State of Florida:

Sylvia Family I Limited Partnership
David Sylvia, General Partner
24 Water Street
Dartmouth, MA 02747

4. Name and address of Agent for service of process:

David Sylvia
2900 NE 17th Avenue
Apartment #201
Pompano Beach, Florida 33064

5. The name(s) and business address(es) of each general partner:
(Please note the business and mailing address of each general partner are one in the same)

David Sylvia
24 Water Street
Dartmouth, MA 02747

Thelma L. Sylvia
24 Water Street
Dartmouth, MA 02747

6. The latest date upon which the limited partnership is to dissolve:

December 31, 2023

7. Any other matters the partners may determine to include herein:

None

EXECUTED this 2nd day of JULY, 1993 by each general partner.


David Sylvia
General Partner/Resident Agent


Thelma L. Sylvia
General Partner

FILED
23 FEB 20 AM 9:35
FALLS CHURCH, VA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Sylvia Family I Limited Partnership, a Florida Limited Partnership, certify as follows:

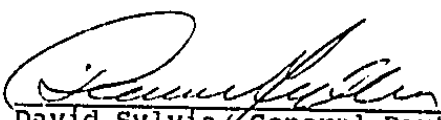
The amount of capital contributions to date of the limited partners is \$ 100.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100.

This 2nd day of July, 1993.

FURTHER AFFIANT SAYETH NOT.

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


David Sylvia, General Partner


Thelma L. Sylvia, General Partner

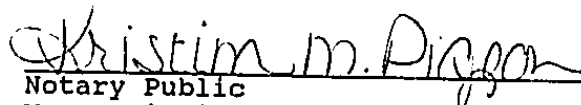
DAVID SYLVIA
Print Name -- General Partner

Thelma L. Sylvia
Print Name -- General Partner

COMMONWEALTH OF MASSACHUSETTS

Worcester, ss Date: July 2, 1993

Then appeared the above-signed David Sylvia and Thelma L. Sylvia and acknowledged the foregoing instrument to be their free act and deed, before me


Notary Public
My Commission Expires:
My Commission Expires December 16, 1999

APPLICATION FOR
 REGISTRATION OF
 LIMITED PARTNERSHIP
 A9500000282

FILED

DOCUMENT # A9500000282

96 DEC 31 AM 10:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
 SYLVIA FAMILY I LIMITED PARTNERSHIP
 DAVID SYLVIA
 24 WATER STREET
 DARTMOUTH, MA 02747

2. Mailing Address
 24 WATER STREET

3. Principal Office Address
 24 WATER STREET

4. Date Formed or Registered
 To Do Business in Florida 02/20/95

State Apt # etc

State Apt # etc

5. Filing Number
 APPLIED FOR

Applied For
 Not Applicable

City & State
 24 WATER STREET

City & State
 24 WATER STREET

6. CERTIFICATE OF STATUS DESIRED ☐ 10. To Appoint a new registered agent for the partnership, if any.

Zip Country
 02747 USA

Zip Country
 02747 USA

7. State or Country of Formation FLORIDA

8a. Capital Contributions as Shown
 on Return
 100

FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2) Supplemental Fee(s): \$138.75 for each year due this office, beginning with 1992 calendar year.
 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
 Note: If the amount entered in 8a is greater than amount entered in 6a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributions in
 FLORIDA to date
 100

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

DAVID SYLVIA
 2900 NE 17th AVENUE APT 201
 POMPANO BEACH, FL 33064

Name
 Street Address (P.O. Box Number to Notary Public)
 1000020499-11-3
 State Apt # etc
 01/08/97-01027-001
 ****002.50 ****002.50
 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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
DAVID SYLVIA THELMA L SYLVIA	24 WATER STREET 24 WATER STREET	DARTMOUTH, MA 02747 DARTMOUTH, MA 02747	

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

DATE 12/31/96

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (4/95)