A95000000282

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

TELEPHONE
(508) 994-0000
FAX
(508) 999-9370

October 3, 1994

700030141517
-02/21/95--01137--001
****140.00 ****140.00

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

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

FILED
95 FEB 20 AM 9:35
TALLAHASSEE, FLORIDA

Name Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verification	KWM
Acknowledgment	

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

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93 FEB 20 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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ER 20 AM
TALLAHASSEE, FLORIDA

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

Kristin M. Pigeon
Notary Public
My Commission Expires:
My Commission Expires December 16, 1999

APPLICATION FOR REGISTRATION OF FOREIGN LIMITED PARTNERSHIP

A95000000282

FILED

96 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000282

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

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
24 WATER STREET	24 WATER STREET	02/20/95
Suite Apt # etc	Suite Apt # etc	5. FEI Number: APPLIED FOR (Applied For / Not Applicable)
City & State: 24 WATER STREET	City & State: 24 WATER STREET	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 02747 Country: USA	Zip: 02747 Country: USA	7. State or Country of Formation: FLORIDA

8a. Capital Contributions as Shown on Record: 100

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

FEES: 1) Filing Fee(s) Computed at a rate of $7 per $1,000 on amount entered in 8b, 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

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

10. If changed, new registered agent/office

Name

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

Suite Apt # etc

City: FL Zip Code

100002048341--3
-01/03/97--01027--001
****87.50 ****87.50

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	24 WATER STREET	DARTMOUTH, MA 02747	
THELMA L SYLVIA	24 WATER STREET	DARTMOUTH, MA 02747	

CR2E039 (4/95)

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)(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 _____