

A95000000437

CREDIT RECOVERY SERVICES, INC.

304 S. MILITARY TRAIL
DEERFIELD BEACH, FLORIDA 33442

(305) 420-4001

(305) 000-0087 FAX

Secretary of the State
409 E. Gaines St.
Tallahassee, FL 32399

800001435478
-03/21/95--01127--013
525.00 *87.50

Re: VinFlo Management, Inc.

We enclose for recording or filing the following checked documents:

- ☐ Financing statement - UCC
- ☐ Termination of financing statement
- ☒ Articles of Incorporation
- ☐ Trademark Application
- ☐ Articles of Amendment of Corporation
- ☐ Assignment for the Benefit of Creditors
- ☐ Real Estate Mortgage
- ☒ Limited Partnership

FILED
MAR 17 AM 2:00
TALLAHASSEE, FLORIDA

W95000005973

Name	3/17/95
Availability	dec
Document Examiner	
Updater	
Update	
Verify	
Acknowledgement	DEC
W. P. Verifier	DEC

Copyright Application

Assent form

Other:

C. TAX _____
FEE _____
RECORD FEE _____
C. TAX _____
FEE _____
RECORD FEE _____
BALANCE DUE _____
REFUND _____

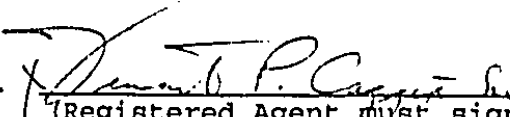
Recording fees (if applicable) of \$122.50 are enclosed. Please
return proof of filing to the undersigned and we thank you for your
cooperation.

Very Truly,

[Signature]
\$1,000.00

A95000000437

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Caggia Southeast Family Limited Partnership
(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 1318 S.E. 14th Terrace, Deerfield Beach, Fl 33441
(The Business Address of Limited Partnership)
3. Vincent P. Caggia, Sr.
(Name of Registered Agent for Service of Process)
4. 1318 S.E. 14th Terrace, Fl 33441
(Florida street address)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6. 1318 S.E. 14th Terrace, Deerfield Beach, Fl 33441
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

Vin Flo Management, Inc.

1318 SE 14th Terrace,
Deerfield Beach, Fl 33441

P950000 21783

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

This 7 day of MARCH, 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.

[Signature]
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
MAR 17 AM 2:00
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA

Signed this 7 day of MARCH, 1995.
Signature of all general partners:

James B. Pappas Jr.
General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR 17 AM 2:00
RECEIVED
FBI - TAMPA
MAR 17 1995

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
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 15 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Registered Limited Partnership

1a. DOCUMENT #
A95000000437

CAGGIA SOUTHEAST FAMILY LIMITED PARTNEF'SHIP

DECEASED WRITE IN THIS SPACE

2. How Mailing Address, if Applicable

Mailing Address
1318 S.E. 14TH TERRACE
DEERFIELD BEACH FL 33441

Post-Box Office Address
1318 S.E. 14TH TERRACE
DEERFIELD BEACH FL 33441

State, Apt. # etc.

City, State & Zip

12/20/95--01037--018

2a. How Principal Office, if Applicable

12/20/95--01037--018

State, Apt. # etc.

City, State & Zip

3. Date Formed or Begun
FLORIDA
03/17/1993

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$1,000.00

6. FEI Number
65-056 8682

Applied Fee
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$6.75 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

9. Name and Address of Current Registered Agent

CAGGIA, VINCENT P SR
1318 S.E. 14TH TERRACE
DEERFIELD BEACH FL 33441

10. Address of new Registered Agent/Office

Name

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

State, 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

VIN FLO MANAGEMENT, INC.

1318 SE 14TH TERRACE

DEERFIELD BEACH FL 33

P95000021783

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) as the extent 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 prepare this report as required by chapter 620, Florida Statutes.

SIGNATURE

Vincent P. Caggia Sr.

DATE

12-12-95

Typed or Printed Name of General Partner Signing Form

VINCENT P. CAGGIA Sr.

Telephone Number

305-570-4069