

A95000000438

CREDIT RECOVERY SERVICES, INC.

304 S. MILITARY TRAIL
DEERFIELD BEACH, FLORIDA 33442
(305) 480-4001
(305) 606-0067 FAX

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

9000001435479
-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
- X Articles of Incorporation
- _____ Trademark Application
- _____ Articles of Amendment of Corporation
- _____ Assignment for the Benefit of Creditors
- _____ Real Estate Mortgage
- X-6 Limited Partnership

FILED
ISS MAR 17 AM 2:00
TALLAHASSEE, FLORIDA

Name	3/17/95
Availability	det
Document	
Examiner	
Updater	
Updater	
Verdyer	
Ackno	cooperation
W. P. Verdyer	UCC

Copyright Application

Assent form

Other: _____

C. TAX

87.50

FE

RE

C

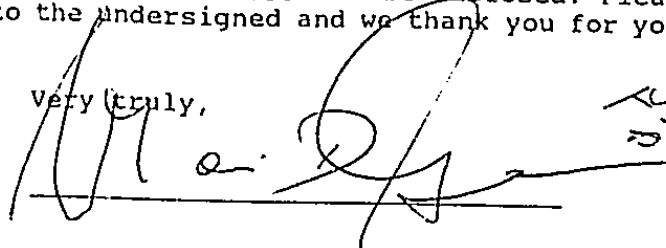
RE

REFUND

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,



21,000.00
3/17/95

W95000005975

A95000000438

CERTIFICATE OF LIMITED PARTNERSHIP

OF

1. Caggia Lovell 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. *Vincent P. Caggia Sr.*
(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

P95000021783

FILED
MAR 17 2:00
1965

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners
of Caggia Lovell 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.

James P. Caggia
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
MAR 17 1995
11:20 AM
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

Signed this: 7 day of MARCH, 1995.

Signature of all general partners:

Robert P. Cagney Jr.
General Partner

General Partner

General Partner

General Partner

General Partner

FILED
1995 MAR 17 AM 2:00
SEC. OF STATE
TALLAHASSEE, FLORIDA

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
Capital Services
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 15 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of limited partnership

to. DOCUMENT #
A95000000438

CAGGIA LOVELL FAMILY LIMITED PARTNERSHIP

Mailing Address

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

Principal Office Address

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

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

3. Date formed or Registered to Do Business in
FLORIDA
03/17/1995

3a. Date of Last Report

4. State or County 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. FID Number

65-056 9440

Applied For

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 607.103, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$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. If changed, new Registered Agent/Office

Name

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

City, State & Zip

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership registered 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 620.102, 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 a true and correct copy of the information stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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 Section 620.102, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner - Signing Form

VINCENT P. CAGGIA SR

Telephone Number

305-570-4069