A95000000631

Robert A. Canglamila
1192 Kirkwood St.
North Port, FL 34287

(City, State, Zip) (Phone #)

OFFICE USE ONLY

400000144728B4
-04/04/95--01090--005
*****52.50 *****52.50

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

400000140113B3
-04/20/95- 01037--023
*****35.00 *****35.00

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
95 APR 19 PM 3:20

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other DCC

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

C. TAX _____
F 55.00
E _____
C _____
_____
R _____
SA DOC _____
REFUND _____

A95000000631

OTHER FILINGS	
	Annual Report
	Fictitious Name DCC
	Name Reservation DCC
W. P. Verifyer	DCC

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

TC
$750.00

Examiner's Initials	

CR2E031(10/92)

W95000007324

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 5, 1995

ROBERT A. CANGIAMILA
1192 KIRKWOOD ST
NORTH PORT, FL 34287

SUBJECT: A1-FLASH, LTD.
Ref. Number: W95000007324

We have received your document for A1-FLASH, LTD. and check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 295A00015424

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Al-Flash, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1192 Kirkwood St., North Port, FL 34287
(The Business Address of Limited Partnership)

3. Robert A. Cangiamila
(Name of Registered Agent for Service of Process)

4. 1192 Kirkwood St., North Port, FL 34287
(Florida Street Address for Registered Agent)

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. 1192 Kirkwood St., North Port, FL 34287
(The Mailing Address of the Limited Partnership.)

7.The latest date upon which the Limited Partnership is to be dissolved is 01-01-2010 .

8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

Robert A. Cangiamila	1192 Kirkwood St., North Port, FL 34287
Michael R. Alderman	4718 Italy Ave., North Port, FL 34287

Signed this 27th day of March, 1995.
Signature of all general partners:

General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

Al-Flash, Ltd. , a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 750.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 750.00 .

This 27th day of March , 19 95 .

FURTHER AFFIANT SAYETH NOT.

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

General Partner

General Parnter

General Partner

General Partner

General Partner

General Partner

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 DEC -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
AL-FLASH, LTD.

1a. DOCUMENT #
A95000000631

DO NOT WRITE IN THIS SPACE

Mailing Address
*1192 KIRKWOOD ST
NORTH PORT FL 34287

Principal Office Address
1192 KIRKWOOD ST
NORTH PORT FL 34287

2. New Mailing Address, if Applicable
Suite Apt. # or Bldg.
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite Apt. # or Bldg.
City, State & Zip

SD000016558385
-12/12/95--01031--019
****191.25 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA
04/19/1995

3a. Date of Last Report
4-19-95

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$750.00

5b. Amount of Capital Contributions in FLORIDA to Date
$750.00

6. FEI Number
593105558

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
$8.75 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
CANGIAMILA, ROBERT A
1192 KIRKWOOD ST.
NORTH PORT FL 34287

10. If Changed, New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt. # or Bldg.
City
FL
Zip Code

10a. Pursuant to the provisions of sections 620.105 and 620.102, 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 620.102, 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
CANGIAMILA, ROBERT A	1192 KIRKWOOD ST	NORTH PORT FL 34287	
ALDERMAN, MICHAEL R	4718 ITALY AVE	NORTH PORT FL 34287	

AR - $52.50
SF - $138.75

12-8-95 aw

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)(i), Florida Statutes. I release the Division of [illegible] from any and all liability resulting from public inspection of the information supplied. I further certify that the information indicated on this report is true and accurate and that my signature shall satisfy the requirements of section 620.103, Florida Statutes. 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 12-4-95

Typed or Printed Name of General Partner Signing Here: Robert Cangiamila
Telephone Number: 941-426-9676

CR2E003 (6/95)

0000601