A95000000694

05-02-1995 02:31PM FROM FOLEY,LARDNER/JAX TO 9193492240(XX) P.02

PUBLIC ACCESS SYSTEM
(((H95000004915))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FOLEY & LARDNER
200 LAURA ST
JACKSONVILLE FL 32202-
CONTACT: KAREN PETERSON
PHONE: (904) 359-2000
FAX: (904) 359-8700

(((H95000004915)))
DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: SUPERIOR MORTGAGE PARTNERS
FAX AUDIT NUMBER: H95000004915
CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/02/1995
TIME REQUESTED: 14:19:50
CERTIFIED COPIES: 1
CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3
METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $796.25
ACCOUNT NUMBER: 072720000061

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(((H95000004915)))
** ENTER 'M' FOR MENU. **

R95000001194/

5.2.95

95 MAY 8 PM 3:17

FOLEY & LARDNER
POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAURA STREET 32202-0240
TELEPHONE (904) 359-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations FAX NO.: (904)922-4000

FROM: Karen Peterson FAX NO.: (904) 359-8700

DATE: May 2, 1995 TIME: 2:28pm

NO. OF PAGES (including this page): 5

MESSAGE:

OPERATOR:
FILE NO.: 21837/124

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

qbl/ex

A95000006941

CERTIFICATE OF LIMITED PARTNERSHIP OF SUPERIOR MORTGAGE PARTNERS, LTD.

The undersigned, being the general partner of Superior Mortgage Partners, Ltd., a limited partnership existing under the laws of the State of Florida, for the purpose of satisfying the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act, hereby adopt, duly execute and file, in accordance with Section 620.108, the following as its Certificate of Limited Partnership:

1. Name. The name of the partnership is Superior Mortgage Partners, Ltd.

2. Address. The mailing address and street address of the partnership are both as follows:

~~255 Alhambra Circle~~
~~Coral Gables, FL 33134~~
150 South Pine Island Rd.
Suite 105
Plantation, Florida 33324

3. Registered Agent. The name and address of the agent for service of process is as follows:

Dennis J. Getman
255 Alhambra Circle
Coral Gables, FL 33134

4. General Partners. The name and business address of each general partner is as follows:

FMN Management Company, Inc.
150 South Pine Island Road
Suite 500
Plantation, FL 33324

5. Termination. The latest date upon which the limited partnership is to dissolve, wind up and liquidate is December 31, 2040.

This Certificate of Limited Partnership of Superior Mortgage Partners, Ltd., has been executed in accordance with Section 620.114 on the 13th day of April, 1995. By such execution, the general partner whose signature is set forth below hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER

FMN Management Company, Inc.

By: _____
Seth Werner, President

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service for Superior Mortgage Partners, Ltd., at the place designated in the above Certificate of Limited Partnership, I hereby agree to act in this capacity; and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

AGENT

By: Dennis J. Getman

Dennis J. Getman

Date: April 18, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -2 PM 3:18

STATE OF FLORIDA)
)
COUNTY OF DADE)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared SETH WERNER, as President of FMN Management Company, Inc., the sole general partner of Superior Mortgage Partners, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. Capital contributions in the aggregate amount of $500 have been made by limited partners as of the date hereof.

2. Additional capital contributions of $99,500 are anticipated to be made by the limited partner of the Partnership.

FURTHER AFFIANT SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 18 day of APRIL, 1995.

FMN MANAGEMENT COMPANY, INC.

By: ______________________
Seth Werner, President

The foregoing instrument was acknowledged before me this 18 day of APRIL, 1995, by Seth Werner, as President of FMN Management Company, Inc. Such person did take an oath and: *(notary must check applicable box)*

☐ is/are personally known to me.

☒ produced a current Florida driver's license as identification.

☐ produced ______________________ as identification.

(Notary Seal must be affixed)

____
Signature of Notary

LYNN E. GETMAN
Name of Notary (Typed, Printed or Stamped)

Commission Number (If not legible on seal): ____________

My Commission Expires (If not legible on seal): ____________

\DOCS\WERNER\CERTLO4.PRT|99020/000|JAXC22|AJS9m|4/6/95 6:58pm

OFFICIAL NOTARY SEAL
LYNN E GETMAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC[illegible]
MY COMMISSION EXP. MAR[illegible]

A950000000694

PUBLIC ACCESS SYSTEM

(((H95000004915))) ELECTRONIC FILING COVER SHEET

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DEPARTMENT OF STATE
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95 MAY 2 PM 3:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dbl/ex

A95000006941

CERTIFICATE OF LIMITED PARTNERSHIP OF SUPERIOR MORTGAGE PARTNERS, LTD.

The undersigned, being the general partner of Superior Mortgage Partners, Ltd., a limited partnership existing under the laws of the State of Florida, for the purpose of satisfying the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act, hereby adopt, duly execute and file, in accordance with Section 620.108, the following as its Certificate of Limited Partnership:

1. Name. The name of the partnership is Superior Mortgage Partners, Ltd.

2. Address. The mailing address and street address of the partnership are both as follows:

~~255 Alhambra Circle~~
~~Coral Gables, FL 33134~~
150 South Pine Island Rd.
Suite 105
Plantation, Florida 33324

3. Registered Agent. The name and address of the agent for service of process is as follows:

Dennis J. Getman
255 Alhambra Circle
Coral Gables, FL 33134

4. General Partners. The name and business address of each general partner is as follows:

FMN Management Company, Inc.
150 South Pine Island Road
Suite 500
Plantation, FL 33324

5. Termination. The latest date upon which the limited partnership is to dissolve, wind up and liquidate is December 31, 2040.

This Certificate of Limited Partnership of Superior Mortgage Partners, Ltd., has been executed in accordance with Section 620.114 on the 18th day of April, 1995. By such execution, the general partner whose signature is set forth below hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER

FMN Management Company, Inc.

By: _____
Seth Werner, President

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service for Superior Mortgage Partners, Ltd., at the place designated in the above Certificate of Limited Partnership, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

AGENT

By: Dennis J. Getman

Dennis J. Getman

Date: April 18, 1995

FILED
SECRETARY OF STATE
CORPORATIONS

95 MAY -2 PM 3:18

Fax Audit No. H95000004915

STATE OF FLORIDA)
)
COUNTY OF DADE)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared SETH WERNER, as President of FMN Management Company, Inc., the sole general partner of Superior Mortgage Partners, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. Capital contributions in the aggregate amount of $500 have been made by limited partners as of the date hereof.

2. Additional capital contributions of $99,500 are anticipated to be made by the limited partner of the Partnership.

FURTHER AFFIANT SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 18 day of APRIL, 1995.

FMN MANAGEMENT COMPANY, INC.

By: [signature]
Seth Werner, President

The foregoing instrument was acknowledged before me this 18 day of APRIL, 1995, by Seth Werner, as President of FMN Management Company, Inc. Such person did take an oath and: *(notary must check applicable box)*

☐ is/are personally known to me.

☒ produced a current Florida driver's license as identification.

☐ produced ______________________ as identification.

(Notary Seal must be affixed)

[signature]
Signature of Notary

LYNN E. GETMAN
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): ____________

My Commission Expires (if not legible on seal): ____________

\DOCS\WERNER\CERTL84.PRT|94020/000|JAY|C22|AJB:bim|4/8/95 5:58pm

OFFICIAL NOTARY SEAL
LYNN E GETMAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC[illegible]
MY COMMISSION EXP. MAR[illegible]

Fax Audit No. H95000004915

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 27 AM 11:31

1a. DOCUMENT # A95000000694

1. Name of Limited Partnership
SUPERIOR MORTGAGE PARTNERS, LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address
150 SOUTH PINE ISLAND RD.
SUITE 105 500
PLANTATION FL 33324

Principal Office Address
150 SOUTH PINE ISLAND RD.
SUITE 105
PLANTATION FL 33324

2. New Mailing Address, if Applicable 150 S. Pine Island Rd
Suite, Apt. #, etc. 500
City, State & Zip Plantation, Fl 33324

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

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

3. Date Formed or Registered to Do Business in FLORIDA 05/02/1995
3a. Date of Last Report
4. State or Country of Formation FL

5a. Capital Contributions as Shown on Record $99,500.00
5b. Amount of Capital Contributions in FLORIDA to date 1000
6. FEI Number 65-0574285

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$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
GETMAN, DENNIS J
255 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, 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
FMN MANAGEMENT COMPANY, INC.	150 SOUTH PINE ISLAND	PLANTATION FL 33324	P95000028027

6000016794266
-01/05/96--01007--006
****191.25 ****191.25

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 Corporations from any liability... 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; 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 Leslie Carlson Senior V.P FMN Management Co. 12-14-95

Telephone Number 305-452-0000

Typed or Printed Name of General Partner Signing Form Leslie Carlson

CR2E003 (6/95)

0002567