

Document Number Only

A95000000730

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAY -9 PM 2:43

FILED
-05/16/95--01029--006
*****96.25 *****96.25

EPNG Building, Ltd.

- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | | |
| ☐ Limited Liability | | |
| ☐ Foreign | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☒ Limited Partnership | ☐ Annual Report | ☐ Other |
| ☐ Reinstatement | ☐ Reservation | ☐ Change of R.A. |
| | | ☐ Fict. Filing |
| ☐ Certified Copy | ☐ Photo Copies | ☒ CUS |
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| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
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W.P. Verifier

5/19/95

3:00

PLEASE RETURN EXTRA COPIES
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U. TAX _____
FILING 52.50
R. AGENT FEE 35.00
C. COPY 5.75
TOTAL 93.25
X. BANK _____
BALANCE DUE _____

CR2E031 (1-89)

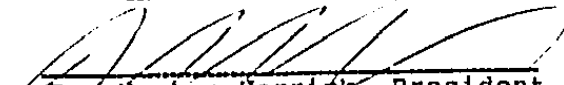
CERTIFICATE OF LIMITED PARTNERSHIP

OF

EPNG Building, Ltd.

1. Name of Limited Partnership: EPNG Building, Ltd.
2. Business Address: 2295 Corporate Boulevard, Suite 222, P.O. Box 5010, Boca Raton, FL 33431-0810
3. Name of Registered Agent for Service of Process: THE HERRICK COMPANY, INC.
4. Florida's Street Address for Registered Agent: c/o The Herrick Company, Inc., 2295 Corporate Boulevard, Suite 222, P.O. Box 5010, Boca Raton, Florida 33431-0810.
5. Acceptance by the Registered Agent for Service of Process.

THE HERRICK COMPANY, INC.


By Norton Herrick, President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -9 PM 2:43

6. Mailing Address of Limited Partnership: 2295 Corporate Boulevard, Suite 222, P.O. Box 5010, Boca Raton, FL 33431-0810
7. The latest date upon which the Limited Partnership is to be dissolved is April 5, 2024
8. NAME OF GENERAL PARTNER(S) SPECIFIC ADDRESS

G-P RB Building, Inc.

2295 Corporate Boulevard, Suite 222, P.O. Box 5010
Boca Raton, FL 33431-0810

895000036464

Signed this 8th day of May, 1995.

Signature of all general partners:

G-P RB Building, Inc.


By: Norton Herrick, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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

EPNG Building, Ltd., a Florida Limited Partnership, certify as follows:

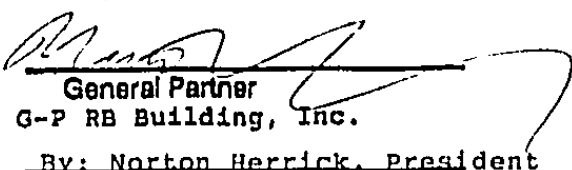
The amount of capital contributions to date of the limited partners is \$ 100.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100.

This 8th day of May, 19 95.

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.


General Partner
G-P RB Building, Inc.

By: Norton Herrick, President

General Partner

General Partner

General Partner

General Partner

General Partner

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STATE
SECRETARY OF CORPORATIONS
MAY -9 PM 2:44

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
Executive Mansion
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000730

EPNG BUILDING, LTD.

Mailing Address

P.O. BOX 5010
BOCA RATON FL 33431-0810

Principal Office Address

2295 CORPORATE BOULEVARD
BOCA RATON FL 33431-0010

2. New Mailing Address, If Applicable

State Apt. # etc.

City, State & Zip

2a. New Principal Office

300001672408

12/28/95-01010-023

****200.00-****200.00

State Apt. # etc.

City, State & Zip

3. Date Formed or Registered in This Jurisdiction

FLORIDA
05/09/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions in Cash
on Hand

\$100.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEE NUMBER

65-0475575

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$175 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: \$130.75 (pursuant to section 607.103, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$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

THE HERRICK COMPANY, INC.
2295 CORPORATE BOULEVARD
BOCA RATON FL 33431-0810

10. If changed, 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 620.105(1) 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)

G-P RB BUILDING, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2295 CORPORATE BOULEV

11b. City, State & Zip Code

BOCA RATON FL 33431

11c. Registration/
Document Number

P95000036464

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished, and I do not qualify for the exemption of section 620.105(1)(B), Florida Statutes. I release the Division of Corporations from any liability of each compliance with section 620.105(1)(B) in that I certify that the information supplied is true and correct to the best of my knowledge and belief, and I am a General Partner of the limited partnership, partner or trustee empowered to execute this report, in compliance with Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form: G-P RB Building, Inc. by: [Signature]

Telephone Number