

1200 HAYS STREET
TALLAHASSEE, FL 32304
(904) 224-1100
(904) 224-1111

800-342-8086

A95000000751

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 15 PM 2:29



ACCOUNT NO. : 072100000032

REFERENCE : 599076 81464A

AUTHORIZATION :

COST LIMIT : \$ 156.00

Patricia Pyszto

ORDER DATE : May 15, 1995

ORDER TIME : 12:42 PM

000001487410

ORDER NO. : 599076

CUSTOMER NO: 81464A

CUSTOMER: Robert M. Kramer, Esq
KRAMER GREEN ZUCKERMAN &
KAHN, P.A.
Suite 485-g
4000 Hollywood Boulevard
Hollywood, FL 33021

RECEIVED
95 MAY 15 PM 1:17
DIVISION OF CORPORATIONS

DOMESTIC FILING

NAME: NNE HOLDINGS, LTD.

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

5/15/95-
B/K

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is NNE HOLDINGS, LTD.
2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

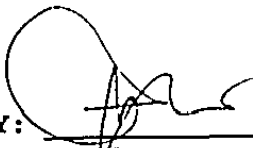
3. The name and business address of each General Partner is:

Napoleon N. Estrada
800 N. Central Avenue
Kissimmee, Florida 34741

4. The mailing address for the Limited Partnership is :

c/o KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

BY: 

Napoleon N. Estrada

FILED
SECTION 620.108
DIVISION 15
95 MAY 15 PM 2:29

STATE OF FLORIDA)

COUNTY OF OSCEOLA)

RECEIVED
DIVISION OF CORPORATE
AFFAIRS
95 MAY 15 PM 2:29

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared NAPOLEON N. ESTRADA, General Partner of NNE HOLDINGS, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 24 day of March, 1995.



LAURA WYSOCKI
My Comm Exp. 5-19-97
Bonded By Service Ins
No. CC30210

☒ Personally Known ☐ Other I.D.

Laura Wysocki
NOTARY PUBLIC

(seal)

Kr\bob\estrada\lpe.cer

LIMITED PARTNERSHIP AFFIDAVIT

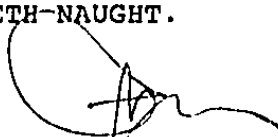
STATE OF FLORIDA }
COUNTY OF Duval }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partner of NNE HOLDINGS, LTD.

2. The amount of the original capital contributions of the Limited Partners is \$9,900. The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH-NAUGHT.

BY: 

Napoleon N. Estrada, General Partner

STATE OF FLORIDA }
COUNTY OF Osceola }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared NAPOLEON N. ESTRADA, General Partner, of NNE HOLDINGS, LTD., to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 28 day of March, 1995.



LAURA WYSOCKI
My Comm Exp. 5-19-97
Bonded By Service Ins
No. CC30210

☒ Personally Known ☐ Over 10

(seal)


NOTARY PUBLIC

REC'D
SECRETARY OF COMMERCE
95 MAR 15 PM 2:29

ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

NNE HOLDINGS, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: May 2, 1995.

REGISTERED AGENT:

Robert M. Kramer
ROBERT M. KRAMER

FILED
STATE
SECRETARY OF CORPORATIONS
DIVISION
MAY 15 PM 2:29

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 AM 11:57

A95000000751

1. Name of Limited Partnership

1n. DOCUMENT #
A95000000751

NNE HOLDINGS, LTD.

(DO NOT WRITE IN THIS SPACE)

2. New Mailing Address, if Applicable

812 W. OAK ST
KISSIMMEE, FL 34741

2n. New Principal Office Address, if Applicable
812 W. OAK ST.

KISSIMMEE, FL 34741

Mailing Address

C/O KRAMER, GREEN, ET AL.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

Principal Office Address

C/O KRAMER, GREEN, ET AL.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, file through the enclosed information and enter correct address in Box 2 and Box 2a

3. Date Formed or Registered to Do Business in
FLORIDA
05/15/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on this report
\$9,900.00

5b. Amount of Capital Contributions in
FLORIDA to date
9,900

6. FEI Number
65-0591767

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable

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 \$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

KRAMER, ROBERT M
C/O KRAMER, GREEN, ET AL.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

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 620.10(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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

ESTRADA, NAPOLEON N

800 N. CENTRAL AVENUE

KISSIMMEE FL 34741

110000162596.1
-11/02/95--01024--010
****216.80 ****216.80

AR
SUPP
CVS
69.30
138.75
8.75
216.80

10/25/95

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with law (see 119.07(3)(a)) in the event that the information supplied is determined 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 Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

NAPOLEON N. ESTRADA

Telephone Number

(407) 546-3166