

A95000000785

Check Number Only

S-2-45 Sue

Leopold & Leopold

20301 Biscayne Blvd.

North Miami Beach FL 33180

935-3500

REGISTRATION ONLY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAY 23 PM 12:14

CORPORATION(S) NAME

800001498378 40525295-01010-013 ***499.10 ***499.10

HRH SHOPS, LTD.

WYSON 9301

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Pick Up
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

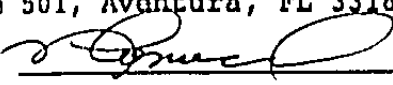
Name	
Availability	for
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

5/23/45 7-15400021334 5/23/45

G. TAX FILING 411.60
 R. AGENT FEE 35.00
 C. COPY 52.50
 TOTAL 499.10
 V. BANK BALANCE DUE
 FUND

Empire Toll Free: 1-800-432-3028

CERTIFICATE OF LIMITED PARTNERSHIP
OF
HRH SHOPS, LTD

1. The name of the Limited Partnership is: HRH SHOPS, LTD.
2. The business address of Limited Partnership is: 6180 N.W. 84th Avenue, Miami, Florida 33166-3319
3. The name of Registered Agent for Service of Process is:
Norman Leopold
4. The name of Florida street address for Registered Agent is:
20801 Biscayne Boulevard, Suite 501, Aventura, FL 33180.
5. Signature of Registered Agent: 
6. The mailing address of the Limited Partnership is: 6180 N.W. 84th Avenue, Miami, Florida 33166-3319
7. The latest date upon which the Limited Partnership is to be dissolved is: May 31, 2025
8. The General Partner(s) with specific address(es) are:

Gary , INC.
6180 N.W. 84 AVE.
MIAMI FLORIDA 33166-3319
Telefax: (305)594-0320

P45000033313

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95 MAY 23 PM 12: 14

Signed this 16th day of May, 1995.

Signature of all general partners:

GARY, INC., a Florida corporation

By: 
Gary Herzfeld, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME THE UNDERSIGNED constituting the sole general partner of HRH SHOPS, LTD., a Florida Limited Partnership, certify as follows:

1. The amount of capital contributions to date of the limited partners is \$50,000.00.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$50,000.00.

Dated this 16th day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

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

GARY, INC. a Florida corporation
By: [Signature]
Name: Gary Herzfeld
Title: President

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DIVISION OF CORPORATIONS
95 MAY 23 PM 12:14

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 16th day of May, 1995, by GARY HERZFELD, as President of GARY, INC., a Florida corporation, General Partner of HRH SHOPS, LTD. a Florida limited partnership, who is personally known to me or produced _____ as identification.

[Signature]
Notary Public, State of Florida
NORMAN LEOPOLD

My commission expires:

Print name of notary public



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITH THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with §620.105, Florida Statutes, the following is submitted:

That HRH SHOPS, LTD., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, in the City of Miami, County of Dade, State of Florida, has named Norman Leopold, whose street address is located at Suite 501, 20801 Biscayne Blvd., Aventura, County of Dade, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Norman Leopold,
Registered Agent

Date: _____

5/16/95

95 MAY 23 PM 12: 14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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
Tallahassee
Secretary of State
CORPORATE FILINGS DIVISION

FILED
SECRETARY OF STATE
95 DEC 28 PM 2:23

1. Name of Limited Partnership
HRH SHOPS, LTD.

1a. DOCUMENT #
A95000000785

Main Office Address
**6100 N.W. 84TH AVENUE
MIAMI FL 33168-3319**

Principal Office Address
**6100 N.W. 84TH AVENUE
MIAMI FL 33168-3319**

2. New Mailing Address, if Applicable
Date, Apt. # etc.
**6100 N.W. 84TH AVENUE
MIAMI FL 33168-3319**

2a. New Principal Office Address, if Applicable
Date, Apt. # etc.
**6100 N.W. 84TH AVENUE
MIAMI FL 33168-3319**

3. Date Formed or Beg. doing Business in
FLORIDA 05/23/1995

3a. Date of Last Report

4. State or County of Formation
FL

5a. Capital Contributions as Shown on Record
\$58,800.00

5b. Amount of Capital Contributions in FLORIDA to date
\$10,000.00

6. FEI Number
65-0588078

Applied Fee
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 fee if 5b blank, with a minimum filing fee of \$7.50 and a maximum of \$437.50
2) Supplemental Fee - \$138.75 (pursuant to section 607.193, F.B.)
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
**LEOPOLD, NORMAN
20801 BISCAYNE BLVD., SUITE 501
AVENTURA FL 33180**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Date, Apt. # etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits the 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. Registrar/Document Number
GARY, INC.	6180 N.W. 84TH AVENUE	MIAMI FL 33168	P95000033313

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *X* *Leopold*
Typed or Printed Name of General Partner Signing Form **Gary Herzfeld, President**
DATE **12/13/95**
Telephone Number **(305) 474-7413**
GARY, INC.

CR2E003 (6/95)