

A 95000000794

OFFICE USE ONLY (Document #)

Eckert Seamans Cherin & Mellott

(Requestor's Name)

206 S. Adams Street

(Address)

Skullahassee, IL 32301

(City, State, Zip)

(Phone #)

(904) 222-2515 (Alice Williams)

SECRET 11 130743

05/30/95--01003--016

****140.00 ****140.00

52.50

OFFICE USE ONLY

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

1. The MSC Family Partnership Ltd.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

G. TAX
FILING _____
R. AGENT FEE 52.50
COPY 35.00
TOTAL 87.50
Y. BANK 140.00
BALANCE DUE
FILING

5/24/95

Examiner's Initials

1/2

AFFIDAVIT
AND
CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE MSC FAMILY PARTNERSHIP, LTD.

SECRET - EYES ONLY
DIVISION OF INVESTIGATIONS
95 MAY 21 PM 12:11

The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act (1986), hereby state the following as the CERTIFICATE OF LIMITED PARTNERSHIP and AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS.

1. The name of the Limited Partnership is THE MSC FAMILY PARTNERSHIP, LTD.

2. The office of the Partnership is c/o Joel Cross, 7694 LaCorniche Circle, Boca Raton, Florida 33433, which is also the location of its principal place of business and its mailing address.

3. The name and address of the agent for service of process required to be maintained by F.S. 620.105 are

CROSSFAM INVESTMENTS, INC.
c/o Joel Cross
7694 LaCorniche Circle
Boca Raton, Florida 33433

4. The name and address of the General Partner is:

CROSSFAM INVESTMENTS, INC.
c/o Joel Cross
7694 La Corniche Circle
Boca Raton, Florida 33433

895000028084

5. The name and address of the Limited Partner is:

Maxwell S. Cross
11120 SW 73rd Street
Miami, Florida 33156

6. The term of the Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until December 31, 2040, unless the

Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

7. In accordance with F.S. 620.108, the undersigned hereby certify and declare, under the penalties of perjury, that the Limited Partners have made the cash capital contributions to the Partnership set forth opposite their respective names below:

Maxwell S. Cross

which is the total amount contributed and anticipated to be contributed by the Limited Partners at this time.

8. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of his original capital contribution.

9. No Limited Partner may without the written consent of the General Partner (which consent may be unreasonably withheld) voluntarily or involuntarily sell, assign, encumber or otherwise transfer all or any part of his interest in the Partnership. Notwithstanding the foregoing, a Limited Partner may transfer all or any part of its interest in the Partnership to certain specifically designated members of such Partner's family or beneficiaries thereof, by sale, gift or devise.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contribution this 22nd day of May, 1995

GENERAL PARTNER

CROSSFAM INVESTMENTS, INC.

BY: Maxwell S. Cross
Maxwell S. Cross, President

LIMITED PARTNER

Maxwell S. Cross
Maxwell S. Cross

I HEREBY CERTIFY that I am the President of CROSSFAM INVESTMENTS, INC., a Florida corporation, which maintains its office at c/o Joel Cross, 7694 LaCorniche Circle, Boca Raton, Florida 33433. On behalf of the foregoing corporation, I hereby accept the foregoing designation of Resident Agent.

CROSSFAM INVESTMENTS, INC.

By: Maxwell S. Cross
Maxwell S. Cross, Its President

SECRET
DIVISION OF
OFFICIALS
95 JAN 24 PM 12:11

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

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, the foregoing instrument was acknowledged before me by MAXWELL S. CROSS, who is personally known to me or who has produced _____ as identification and who DID/DID NOT take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 22nd day of May, 1995.

[Signature]
Notary Public
State of Florida at Large

Jerome L. Wolf
Typed, printed or stamped name of Notary
Public

My Commission Expires:



JEROME L. WOLF
MY COMMISSION # CC344208 EXPIRES
January 28, 1999
BONDED THRU TROY FAIN INSURANCE, INC.

A95 0000000794

FILED

96 APR 29 PM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000794

1. The MSC Family Partnership, Ltd

2. 7694 La Corniche Circle 3. 7694 La Corniche Circle

Boca Raton FL

Boca Raton FL

33433 USA

33433 USA

4. May 24, 1995

5. 65-0591852

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

7. Florida

8a. \$940 -

FEES: 1. Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in filer's jurisdiction with a minimum filing fee of \$50 and a maximum of \$475.00 for each year due this office.
2. Supplemental Fee(s): \$130.75 for each year due this office beginning with 1992 calendar year.
3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in filer is greater than amount entered in filer, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. FLORIDA

9. Name and Address of Current Registered Agent

10. Registered and Registered Agent Office

Joel S Cross
7694 La Corniche Circle
Boca Raton FL 33433

Name

Street Address (or P.O. Box) for the Registered Agent

City, State, and Zip Code

City

FL

10a. If the person or entity named in the filer's jurisdiction is not a general partner in the partnership, the filer must submit a separate statement of the partnership's status in the filer's jurisdiction. If the partnership is a general partner in the partnership, the filer must submit a separate statement of the partnership's status in the filer's jurisdiction. If the partnership is a general partner in the partnership, the filer must submit a separate statement of the partnership's status in the filer's jurisdiction.

Signature of the Registered Agent

DATE

4/24/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner

Address of General Partner

City, State, and Zip Code

11a. Registration Fee (per General Partner)

Crossform Investment Inc.

7694 La Corniche Circle

Boca Raton FL 33433

P45000028084

REINSTATEMENT

4/6
OR 5-1

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

12.

SIGNATURE

Joel S Cross

4/26/96

CR2E039 (4/95)

A9500000794

THE MSC FAMILY PARTNERSHIP, LTD.
7694 LA CORNICHE CIRCLE
BOCA RATON, FLORIDA 33433

December 31, 1996

FILED
97 JAN -6 PM 4:24
TALLAHASSEE, FLORIDA

Division of Corporations
Attention: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report

CM \$1750.00 -FF

Gentlemen:

Enclosed is a 1997 Limited Partnership Annual Report form for The MSC Family Partnership, Ltd. together with a Supplemental Affidavit of Capital Contributions and a check in the amount of \$2,326.25 made payable to the Florida Department of State. Kindly file the enclosed Annual Report and Supplemental Affidavit of Capital Contributions and return a file-stamped copy of both to the partnership at its address shown above.

Very truly yours,


Joel Cross

RAD:DAVE/CROSS.LTR

200002058082--3
-01/14/97--01181--003
***2326.25 ***1750.00

A9500000794

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting the sole general partner of The MSC Family Partnership, Ltd., a Florida limited partnership, in accordance with Florida Statute 620.112, certifies as follows:

Previous Capital Contributions (actual and anticipated) reported:

FILED
990.00

Supplemental Capital Contributions (actual and anticipated) are:

\$-9,390,010.00

Revised Capital Contributions (actual and anticipated) reported:

\$ 9,391,000.00

Executed this 31st day of December, 1996.
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.

THE MSC FAMILY PARTNERSHIP, LTD.

By: CROSSFAM INVESTMENTS, INC.
a Florida corporation, general partner

By:

Joel Cross

Title: