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Cost Limit : $ -0-

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100001531614
-07/07/95--01013--003
***1837.50 ***1837.50

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

1. SENATE SQUARE ASSOCIATES, LTD.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

FILED
95 JUL 13 AM 11:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

☒ Walk in ☐ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

D. TAX _____
FILING 87.50
R. AGENT FEE 30.00
D. COPY 52.50
TOTAL 1646.25
D. BANK _____
BALANCE DUE _____
PAID _____

7/13/95

Examiner's Initials BH

CR2E031(9/92)

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DIVISION OF CORPORATIONS
95 JUL -3 AM 11:55

CERTIFICATE OF LIMITED PARTNERSHIP OF SENATE SQUARE ASSOCIATES, LTD., a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is Senate Square Associates, Ltd.

2. The address of the office of the Partnership is 7150 S.W. 62nd Avenue, Suite 107, Miami, Florida 33143.

3. The name and address of the agent for service of process on the Partnership is Richard J. Razook, One Southeast Third Avenue, Suite 1700, Miami, Florida 33131.

4. The name and business address of the sole general partner is Horizon Equities Corporation, a Florida corporation, 7150 S.W. 62nd Avenue, Suite 107, Miami, Florida 33143.

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5. The mailing address of the Partnership is 7150 S.W. 62nd Avenue, Suite 107, Miami, Florida 33143.

6. The Partnership shall have a term of approximately 25 years ending December 31, 2020.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole General Partner on behalf of Senate Square Associates, Ltd., a Florida limited partnership, on this 28th day of June, 1995.

SENATE SQUARE ASSOCIATES, LTD.

By: Horizon Equities Corporation,
General Partner

By: _____
Gwynn M. Elias, President

(Corporate Seal)

PREPARED BY:
Jeffrey Watkin
Florida Bar No. 292400
Thomson Muraro Razook &
Hart, P.A.
One Southeast Third Avenue
17th Floor
Miami, Florida 33131
(305) 350-7200

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SECRETARY OF STATE
CORPORATIONS
95 JUL -3 PM 11:55

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Gwynn M. Elias, President of Horizon Equities Corporation, a Florida corporation, the sole general partner of Senate Square Associates, Ltd., a Florida limited partnership (the "Partnership"), who, upon being duly sworn, deposes and says:

The amount of capital contributions to the Partnership made and anticipated to be made by the limited partners is, in the aggregate, $900,000.

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

Date: June 26th 1995

SENATE SQUARE ASSOCIATES, LTD.

By: Horizon Equities Corporation,
General Partner

By: _____
Gwynn M. Elias, President

(Corporate Seal)

SWORN TO AND SUBSCRIBED before me this 28th day of June, 1995 by Gwynn M. Elias, President of Horizon Equities Corporation, a Florida corporation, as the sole general partner of Senate Square Associates, Ltd., a Florida limited partnership, on behalf of the partnership. He is personally known to me.

My commission expires:

OFFICIAL NOTARY SEAL
TODD BANCROFT
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC397648
MY COMMISSION EXP. AUG. 3,1998

_____
Notary Public - State of Florida

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, having been named as statutory registered agent for Senate Square Associates, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, hereby agrees to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

RICHARD J. RAZOOK

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 11:55

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001003

1996

FILED
95 JAN 10 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT # A95000001003

1. Name of Limited Partnership

SENATE SQUARE ASSOCIATES, LTD.

2. New Mailing Address if Applicable

Suite Apt # etc.

City State & Zip

Mailing Address
7150 S.W. 62ND AVENUE, SUITE 107
MIAMI FL 33131

Principal Office Address
7150 S.W. 62ND AVENUE, SUITE 107
MIAMI FL 33131

2a. New Principal Office Address

Suite Apt # etc.

City State & Zip

If above addresses are incorrect in any way, box through them and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
07/03/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$900,000.00		65-0599736	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

RAZOOK, RICHARD J
ONE SOUTHEAST THIRD AVENUE, SUITE 1700
MIAMI FL 33131

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
HORIZON EQUITIES CORPORATION	7150 S.W. 62ND AVENUE	MIAMI FL 33131	P94000047127

REINSTATEMENT 96 dr 6-11

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 effects 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.

DATE 6-3-96

SIGNATURE L. Jeffrey Lane

Typed or Printed Name of General Partner Signing Form L. JEFFREY LANE

Telephone Number 305 665-9880

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