A95000001047

LAW OFFICES

ABRAMS, ANTON, ROBBINS, RESNICK & SCHNEIDER, P.A.

MAYNARD ABRAMS
1918-1992

PAUL H. ANTON
1927-1961

MILTON B. BLAUT ‡
ALAN B. COHN *
MAURICE H. GARCIA
GENE N. GLASSER *
STANLEY D. GOTTBERGER †
NANCY L. LA VISTA
SCOTT A. ORTH
JENNIFER E. PRICE
LEONARD ROBBINS
KENNETH A. RUBIN
REUBEN M. SCHNEIDER ◊ ¤ ‡
PETER R. SIEGEL
JACK F. WEINS
DAVID WEISMAN ◊

EDWARD S. RESNICK (RET.)

* BOARD CERTIFIED TAX LAWYER
BOARD CERTIFIED ESTATE PLANNING AND PROBATE LAWYER

◊ BOARD CERTIFIED REAL ESTATE LAWYER

‡ MEMBER OF D.C. BAR
¤ MEMBER OF N.Y. BAR
† MEMBER OF OHIO BAR

2601 Tyler Street
Post Office Box 229010
Hollywood, Florida 33022-9010

One Boca Place • Suite 411-E
2255 Glades Road
Boca Raton, Florida 33431-7383

Telephones
Hollywood (305) 921-5500
Fax (305) 925-7013
Boca Raton & Delray
(407) 994-2212
(407) 994-2772
Fax (407) 997-0404
North Broward (305) 420-0800
Miami (305) 940-0440
Palm Beaches (407) 833-4710

Please Reply To:
Hollywood
File No.:
ZZZ-Q-0009

July 6, 1995

VIA CERTIFIED MAIL # Z 361 725 910

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

100001584021
-07/11/95--01007--004
****493.50 ****493.50

RE: HILPAY FAMILY LTD.

Dear Sir or Madam:

Enclosed for filing please find one original and one copy of the Certificate of Limited Partnership and Affidavit of Capital Contribution for HILPAY FAMILY LTD. Also enclosed is a check to cover the required filing fee. Please complete the necessary filing and return the certified copy to the undersigned.

FILED
95 JUL 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you for your prompt attention to this matter. Should you have any questions, please call my Corporate Assistant, Lisa Hirsch at Ext. 132.

Sincerely yours,

Alan B. Cohn

ABC:leh/119658
Enclosures

cc: Mr. & Mrs. Herbert Trinkler

Name/Availability	7/12/95
Document Examiner	DCC
Typist	
Verifyer	DCC
Acknowledgement	DCC
W.P. Verifyer	DCC

A95000001047

CERTIFICATE OF LIMITED PARTNERSHIP

OF

HILPAY FAMILY LTD.,

a Florida Limited Partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership law, hereby states the following:

1. The name of the partnership is HILPAY FAMILY LTD.

2. The address of the office of the partnership is 16251 Golf Club Road, Apartment 209, Fort Lauderdale, Florida 33326.

FILED
1995 JUN 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. The name and address of the agent for service of process on the partnership is ALAN B. COHN, c/o Abrams, Anton, Robbins, Resnick & Schneider, P. A., 2021 Tyler Street, Hollywood, Florida 33022.

4. The name and business address of the General Partner and the mailing address of the partnership are HERBERT W. TRINKLER and ELAINE TRINKLER, as tenants by the entirety, 16251 Golf Club Road, Apartment 209, Fort Lauderdale, Florida 33326.

5. The latest date upon which the partnership shall dissolve is December 31, 2045.

6. No Limited Partner shall be entitled to withdraw or demand the return of any part of its capital contribution except upon dissolution of the partnership.

7. All annual net profits of the partnership shall be divided among the partners in the same proportions as the partners' then capital accounts unless retained for partnership investments and business activities.

8. There is no priority of any one (1) Limited Partner over another with respect to the contributions or compensation by way of income.

9. A Limited Partner may not demand property other than cash in return for its contributions.

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 General Partner of HILPAY FAMILY LTD. this 30 day of June, 1995.

FILED
1995 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Witnesses:

GENERAL PARTNER:

HERBERT W. TRINKLER and
ELAINE TRINKLER, as tenants
by the entirety

By: Herbert Trinkler
HERBERT W. TRINKLER

By: Elaine Trinkler
ELAINE TRINKLER

Having been named as registered agent for HILPAY FAMILY LTD., a Florida limited partnership (the "Partnership), in the

foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

ALAN B. COHN

811940

FILED
1995 JUL 10 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

BEFORE ME, the undersigned, personally appeared HERBERT W. TRINKLER and ELAINE TRINKLER, as tenants by the entirety, the General Partners of HILPAY FAMILY LTD., a Florida limited partnership, who, upon being duly sworn, certifies as follows:

The amount of capital contributions to the partnership made by all of the Limited Partners is as follows:

$8,000

The amount of additional capital contribution anticipated to be contributed by each Limited Partner is as follows:

FILED
JUL 10 AM 8:00

-0-

FURTHER, AFFIANT SAYETH NAUGHT.

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.

GENERAL PARTNER:

HERBERT W. TRINKLER and
ELAINE TRINKLER, as tenants
by the entirety

By: Herbert Trinkler
HERBERT W. TRINKLER

By: Elaine Trinkler
ELAINE TRINKLER

The foregoing Affidavit was subscribed and acknowledged before me by HERBERT W. TRINKLER, who is personally known to me or who has produced FL drivers license as identification and who did take an oath, on this 30 day of June, 1995.

Judith A. Pugh
Notary Public, State of Florida

My Commission Expires:

OFFICIAL NOTARY SEAL
JUDITH A PUGH
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC301795
MY COMMISSION EXP. OCT. 12,1998

FILED
1995 JUL 10 AM 10 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing Affidavit was subscribed and acknowledged before me by ELAINE TRINKLER, who is personally known to me or who has produced FL drivers license as identification and who did take an oath, on this 30 day of June, 1995.

Judith A. Pugh
Notary Public, State of Florida

My Commission Expires:

OFFICIAL NOTARY SEAL
JUDITH A PUGH
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC301795
MY COMMISSION EXP. OCT. 12,1998

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -2 PM 6:02

1. Name of Limited Partnership: HILPAY FAMILY LTD.

1a. DOCUMENT # A95000 '047

A95-1047

DO NOT WRITE IN THIS SPACE

Mailing Address
16251 GOLF CLUB ROAD, APT 209
FT LAUDERDALE FL 33326

Principal Office Address
16251 GOLF CLUB ROAD, APT 209
FT LAUDERDALE FL 33326

2. New Mailing Address, If Applicable: 2509 BAY ISLE DR.
Suite, Apt. #, etc.
City, State & Zip: Ft Laud FL 33327

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA: 07/10/1995
3a. Date of Last Report:
4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $58,000.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number:

7. CERTIFICATE OF STATUS REQUIRED
✓ 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
COHN, ALAN B ESQ
% ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER
2021 TYLER STREET
HOLLYWOOD FL 33022

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City

200001686192
-01/11/96--01018--005
****544.75 ****544.75
FL

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
TRINKLER, HERBERT W	16251 GOLF CLUB ROAD,	FT LAUDERDALE FL 3332	
TRINKLER, ELAINE	16251 GOLF CLUB ROAD,	FT LAUDERDALE FL 3332	

CR2E003 (6/95)

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)(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.

SIGNATURE Hebert Trinkler G.P. DATE 12/15/95

Typed or Printed Name of General Partner Signing Form ____________ Telephone Number ____________

0011799

A95000001047

Requestor's Name

2509 Bay Isle Dr.

Address

Fort Lauderdale, FL

City/State/Zip

Phone #

33327

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 26 PM 4:19

☐ 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
	Limited Partnership
	Reinstatement
	Trademark
	Other

500002050935--7
-01/08/97--01079--013
****741.03 ****164.78

A95-1047

Name Availability
Document Examiner
Updater
Updater Verifyer
Acknowledgment
Verifyer

ff $ 164.78

Examiner's Initials	

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Hilgay Family Ltd. ______________, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: $ 81,541.00.

This 13 day of Dec, 19 96.

FURTHER AFF

SAMPLE DOCUMENTS AI

Under penalties o[illegible] the best of my kn[illegible] (con[illegible] *facts are true, to*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 2[illegible] PM 4:20

620.112 Supplemental affidavit of capital contributions.
A supplemental affidavit declaring the amount of the capital contributions of the limited partners must be filed with the Department of State within 30 days of any time when the actual contributions of the limited partners exceed the anticipated amount of capital contributions filed pursuant to s. 620.108

SAMPLE:

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of Hilgay Family Ltd, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is $ 81,541.

This 29 day of Oct, 19 96.

FURTHER AFFIANT SAYETH NOT.

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

General Partners:
[signatures]

Fees: $7 per $1000, based on the [illegible] of contributions
Minimum $52.50 Maximum $1750.00

DNHSE20(3/95)

a 32314