

Document Number Only

A95000001116

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 21 PM 1:11

Full Circle Partners limited

500001546535
-07/26/95--01051--006
****105.00 ****105.00

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

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☐ Call When Ready

☒ Walk In

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☐ Call if Problem

☐ Will Wait

☐ After 4:30

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BALANCE DUE _____
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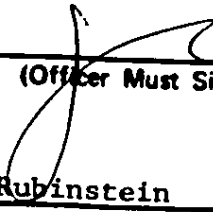
CR2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
FULL CIRCLE PARTNERS LIMITED

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1. Full Circle Partners Limited
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 3516 N.W. 61st Circle, Boca Raton, Florida 33496
(The Business Address of Limited Partnership)
3. Julian Rubinstein
(Name of Registered Agent for Service of Process)
4. 3516 N.W. 61st Circle, Boca Raton, Florida 33496
(Florida Street Address for Registered Agent)
5. Acceptance by the Registered Agent for Service of Process.

JULIAN RUBINSTEIN


(Officer Must Sign on This Line)

Julian Rubinstein
(Type Name and Title of Officer)
6. 3516 N.W. 61st Circle, Boca Raton, Florida 33496
(The Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is July 18, 2025.

(Cont'd)

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8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

P95000056634
Loustones Industries, Inc.

3516 N.W. 61st Circle
Boca Raton, Florida 33496

9. Except with the approval of the Partners, including Limited Partners, owning 60% or more of the percentage interests in the Limited Partnership, the Limited Partnership shall not at any time sell, assign, exchange or otherwise transfer or convey all or substantially all of the assets of the Limited Partnership.

Signed this 18 day of July, 1995.
Signature of all general partners:

Loustones Industries, Inc., a
Florida corporation, General Partner

General Partner

By:

~~General Partner~~
Julian Rubinstein, President

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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BEFORE ME, the undersigned constituting all of the general partners of
FULL CIRCLE PARTNERS LIMITED, a Florida Limited Partnership, certify as fol-
lows:

The amount of capital contributions to date of the limited partners is \$ 10,000.

The total amount contributed and anticipated to be contributed by the limited partners
at this time totals \$ 10,000.

This 12 day of July, 19 95.

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.

. LOUSTONES INDUSTRIES, INC.

General Partner

By: _____

~~General Partner~~
Julian Rubinstein, President

General Partner

General Partner

General Partner

General Partner

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95 OCT 21 PM 2:23

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

400001622204
-10/27/95--01031--004
*****52.50 *****52.50

Full Circle Partners Limited

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership Cancellation | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS/ G/S |
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| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

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Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

10/24/95

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J. TAX _____
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R. AGENT FEE _____
C. COPY _____
TOTAL *52.50*
N. BANK _____
BALANCE DUE _____
REFUND _____

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13K 10/24/95

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DS, -262396