

# A95000001169

**Joseph Bern**  
**1047 En Courte Green**  
**Apopka, FL 32712**  
**(407) 880-7737**

**FILED**  
**93 AUG -2 PM 1:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

July 18, 1995

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

900001542439  
-07/20/95--01066--004  
\*\*\*1750.00 \*\*\*1750.00

300001552423  
-08/03/95--01010--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

ATTENTION: New Filings - Limited Liability

Dear Sir or Madam:

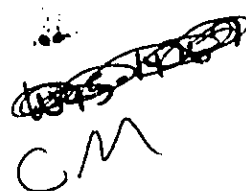
Enclosed for filing are the following:

- ▶ an executed original Certificate of Limited Partnership of The Joseph Bern Family Limited Partnership No. 1, together with an executed original Affidavit of Capital Contributions;
- ▶ my check payable to your order for the required filing fee.

If you have any questions regarding these documents or if I can be of any further assistance, please do not hesitate to call. Thank you.

Very truly yours,

  
Joseph Bern

  
**FILING** 1750.00  
**R. AGENT** 25.00  
**C. COPY** —  
**TOTAL** 1785.00  
**N. BANK** —  
**BALANCE DUE** —  
**REFUND** —

JB:rw  
STAT071&LTR  
enclosures



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

July 21, 1995

**JOSEPH BERN**  
1047 EN COURTE GREEN  
APOPKA, FL 32712

**SUBJECT: THE JOSEPH BERN FAMILY LIMITED PARTNERSHIP NO. 1**  
Ref. Number: W95000014767

**FILED**  
**95 AUG - 2 PM 1:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

We have received your document for THE JOSEPH BERN FAMILY LIMITED PARTNERSHIP NO. 1 and check(s) totaling \$1750.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

There is a \$35.00 charge for the designation of the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.


If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 295A00034987

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

**FILED**  
95 AUG -2 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. THE JOSEPH BERN FAMILY LIMITED PARTNERSHIP NO. 1  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd." or "Limited Partnership")
2. 1047 En Courte Green Apopka, FL 32712  
(Business address of Limited Partnership)
3. Joseph Bern  
(Name of Registered Agent for Service of Process)
4. 1047 En Courte Green, Apopka, FL 32712  
(Florida street address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1047 En Courte Green, Apopka, FL 32712  
(Mailing address of Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is July 6, 2020
8. Name of general partner(s):  
Joseph Bern  
Specific address:  
1047 En Courte Green Apopka, FL 32712

Signed this 6th day of July, 1995.

Signature of all general partners:

  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

### **DESIGNATION OF REGISTERED AGENT**

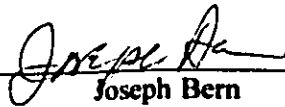
Pursuant to the provisions of Fla. Stat. §620.105(2) the undersigned limited partnership organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the limited partnership is The Joseph Bern Family Limited Partnership No. 1
2. The name of the registered agent is Joseph Bern.
3. The address of the registered agent/registered office is 1047 En Courte Green, Apopka, FL 32712.

Dated: July 6, 1995

THE JOSEPH BERN FAMILY LIMITED  
PARTNERSHIP NO. 1

By: \_\_\_\_\_

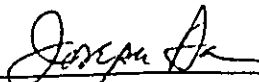


Joseph Bern  
as General Partner

### **ACCEPTANCE OF DESIGNATION**

Having been named as registered agent and designated to accept service of process for the above limited partnership, 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.

Dated: July 6, 1995

  
\_\_\_\_\_  
Joseph Bern

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of

THE JOSEPH BERN FAMILY LIMITED PARTNERSHIP NO. 1, a Florida Limited Partnership,  
certify:

The amount of capital contributions to date of the limited partners is \$250,000

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$250,000.

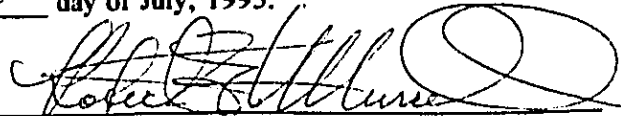
FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.



Joseph Bern, as General Partner

Subscribed and sworn to before me this 6<sup>th</sup> day of July, 1995.



Notary Public, State of Florida



ROBERT G. MUNNELL  
MY COMMISSION # CCN0116 EXPIRES  
October 17, 1998  
BOICED THRU TROY HAN BERNARD, INC.

FILED  
95 AUG -2 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 DEC 28 AM 9:22

1. Name of Limited Partnership  
**THE JOSEPH BERN FAMILY LIMITED PARTNERSHIP  
No. 1**

1a. DOCUMENT #  
**A950000011-9**

DO NOT WRITE IN THIS SPACE

*mt*

Mailing Address

Principal Office Address

**1047 EN COURTE GREEN ST  
APOPKA, FLORIDA 32712**

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

**500001679705**

2a. New Principal Office

**01-05-0001025-001**

**\*\*\*\*576.25 \*\*\*\*576.25**

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in  
FLORIDA **AUG. 2, 1995**

3a. Date of Last Report  
**AUG. 2, 1995**

4. State or Country of Formation  
**FLORIDA**

5a. Capital Contributions as Shown  
on Record **\$250,000**

5b. Amount of Capital Contributions in  
FLORIDA to date **\$250,000**

6. FEI Number  
**FED EIN# 59-7053**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b 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

**JOSEPH BERN  
1047 EN COURTE GREEN ST.  
APOPKA, FLORIDA 32712**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**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 Number)

11b. City, State & Zip Code

11c. Registration/  
Document Number

**JOSEPH BERN (same as above  
Noted)**

**1047 EN COURTE GREEN ST., APOPKA, FL 32712**

**PLEASE NOTE:  
JOSEPH BERN IS NOT  
A SEPARATE ENTITY  
BUT PART OF THE JOSEPH  
BERN FAMILY LIMITED PARTNERSHIP NO. 1**

**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

*Joseph Bern*

DATE

**12/18/95**

Typed or Printed Name of General Partner Signing Form

**JOSEPH BERN**

Telephone Number

**(407) 880-7737**

CR2E003 (6/95)