A95000001437

GOVERNMENT RECEIVABLES FACTORING, L.P.

500001591895
-09/22/95--01064--001
****148.75 ****148.75

June 6, 1995

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Partnership Registration

To Whom It May Concern:

Please find enclosed the registration documents for GOVERNMENT RECEIVABLES FACTORING, L.P. Also enclosed is a check in the amount of $148.75 covering fees for registration, registered agent and certified copy. The daytime contact person is W. L. LeNeve at (407) 832-0222. Please send the acknowledgement to the below address.

Sincerely,

W. Lawrence LeNeve

WLN/ss
encl. (3)

P.O. BOX 2673
Palm Beach, Fl
33480

CC: Cus

9/26/95 aw

FILED
1995 SEP 22 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF:

A95000001437

FILED
1995 SEP 22 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME:

GOVERNMENT RECEIVABLES FACTORING, LIMITED PARTNERSHIP

BUSINESS ADDRESS:

350 SOUTH COUNTY RD. SUITE 203 PALM BEACH, FLORIDA 33480

AGENT:

W. LAWRENCE Le NIEVE
350 SOUTH COUNTY RD. SUITE 203
PALM BEACH, FLORIDA 33480

W. Lawrence Le Nieve

W. LAWRENCE Le NIEVE

MAILING ADDRESS OF LIMITED PARTNERSHIP

SEE BUSINESS ADDRESS

LATEST LIMITED PARTNERSHIP DISSOLUTION DATE:

JUNE 1, 2035

NAME OF GENERAL PARTNER:

PARTNERSHIP MANAGEMENT SERVICES, INC.
350 SOUTH COUNTY RD. SUITE 203
PALM BEACH, FLORIDA 33480

SIGNED THIS 1ST DAY OF JUNE 1995

W. Lawrence Le Nieve

W. LAWRENCE Le NIEVE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of GOVERNMENT RECEIVABLES FACTORING LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners are $1000.

The total amount contributed and anticipated to be contributed by the limited partners at this time is $1000.

This 11th day of JUNE, 1995

FURTHER AFFIANT SAYETH NOT.

Under the 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.

W. LAWRENCE Le NEVE, PRESIDENT
PARTNERSHIP MANAGEMENT SERVICES, INC.
General Partner

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP -6 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Partnership
1a. DOCUMENT # A95000001437

GOVERNMENT RECEIVABLES FACTORING, LIMITED PARTNERSHIP

9-6

Mailing Address
350 SOUTH COUNTY RD.
STE. 203
PALM BEACH FL 33480

Principal Office Address
350 SOUTH COUNTY RD.
~~STE. 203~~
PALM BEACH FL 33480

2. New Mailing Address, if Applicable
Suite, Apt. #, etc. #202
City, State & Zip

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

3. Date Formed or Registered to Do Business in FLORIDA: 09/22/1995
3a. Date of Last Report
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on Record: $1,000.00
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number: 65-0593105
Applied For / Not Applicable
7. CERTIFICATE OF STATUS REQUIRED — $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

+ 500.00 = 552.50

9. Name and Address of Current Registered Agent
LE NEVE, W. LAWRENCE
350 SOUTH COUNTY RD.
SUITE 203
PALM BEACH FL 33480

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

100001944301
-09/11/96--01028--015
****147.50 ****147.50

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) W. Lawrence Le Neve DATE 7-30-96

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

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
PARTNERSHIP MANAGEMENT SERVI	350 SOUTH COUNTY RD.,	PALM BEACH FL 33480	P95000069680

100001944301
-09/11/96--01028--014
****552.50 ****552.50

REINSTATEMENT

96 [illegible]
[illegible]

CR2E003 (11/95)

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

12. I 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 if the information is ... under 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 effect 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 W. Lawrence Le Neve DATE 7-30-96

Typed or Printed Name of General Partner Signing Form: W. Lawrence LeNeve, Pres. G.P. Telephone Number 561-833-7449

0001140