A95000001491

Tonya Faulkner
(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

95 OCT -5 AM 11:37

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

195AU004516Z

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

1. GF Spa, Ltd.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy Affidavit

☐ 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

10/11/95--01132--014
****166.25 ****166.25

8.75
70.00
35.00
52.50
166.25

Examiner's Initials

CR2E031(10/92)

FOLEY & LARDNER
ORLANDO FLORIDA 32801
TELEPHONE 407 423 7656
FACSIMILE 407 648 1743
MAILING ADDRESS
POST OFFICE BOX 2193
ORLANDO FL 32802-2193

TAMPA FLORIDA
JACKSONVILLE FLORIDA
TALLAHASSEE FLORIDA
WEST PALM BEACH FLORIDA

MILWAUKEE WISCONSIN
MADISON WISCONSIN
WASHINGTON D C
ANNAPOLIS MARYLAND
CHICAGO ILLINOIS

October 4, 1995

95 OCT -5 AM 11:37

VIA HAND-DELIVERY

Florida Department of State
Limited Partnership Division
409 East Gaines Street
Tallahassee, FL 32399

Re: AFFIDAVIT AND CERTIFICATE OF LIMITED PARTNERSHIP OF GF SPA, LTD.

Ladies and Gentlemen:

I am enclosing with this letter for filing with your office an originally executed Affidavit and Certificate of Limited Partnership of GF Spa, Ltd., which has been pre-cleared through your office, together with our firm check in the amount of $166.25, representing the filing fee for the same. I would appreciate it if you would kindly file the Affidavit and Certificate immediately, and return a certified copy and a certificate of status to our courier for delivery back to me.

Of course, should you have questions with respect to this filing, please feel free to call.

Very truly yours,

Shauna Sims,
Paralegal to Joseph R. Panzl

/ss
Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -5 AM 11:37

AFFIDAVIT AND CERTIFICATE

OF LIMITED PARTNERSHIP OF

GF SPA, LTD.

A Florida Limited Partnership

The undersigned, desiring to form a limited partnership pursuant to the laws of the state of Florida, hereby certifies and declares as follows:

(1) The name of the partnership is "GF SPA, LTD.," a Florida limited partnership (the "Partnership").

(2) The principal place of business and mailing address of the Partnership shall be 390 North Orange Avenue, Suite 1200, Orlando, Florida 32801.

(3) The name and street address of the agent for service of process is Niki T. Bryan, 390 North Orange Avenue, Suite 1200, Orlando, Florida 32801.

(4) The name and mailing address of the general partner of the Partnership (the "General Partner") is the NIKI BRYAN FAMILY LIMITED PARTNERSHIP, 390 North Orange Avenue, Suite 1200, Orlando, Florida 32801.

(5) The latest date upon which the Partnership is to dissolve and liquidate is December 31, 2040.

(6) The total present and anticipated contribution to the capital of the Partnership made by the limited partners is $10,000.00.

IN WITNESS WHEREOF, the undersigned General Partner has executed this Affidavit and Certificate of Limited Partnership this 4th day of October 1995.

GENERAL PARTNER:

NIKI BRYAN FAMILY LIMITED PARTNERSHIP

By: NTB, Inc.
Its: General Partner

By: _____
Name: Niki T. Bryan
Its: President

Signed in the presence of:

_____

_____

ACCEPTANCE OF APPOINTMENT

The undersigned acknowledges and accepts her appointment as registered agent of GF SPA, LTD., a Florida limited partnership (the "Partnership"), and agrees to act in that capacity and to comply with the provisions of the Florida Limited Partnership Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts, the obligations of a registered agent appointed as provided for in Chapter 620 of the Florida Statutes.

Date: October 4, 1995

_____
NIKI T. BRYAN

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 B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 22 AM 11:39

600001679836
-01/05/96--01024--013
****217.50 ****217.50

DO NOT WRITE IN THIS SPACE

1. Name and Principal Office

GF SPA, LTD.
390 North Orange Avenue
Suite 1200
Orlando, FL 32801

1a. DOCUMENT #
A95000001491

Mailing Address

390 North Orange Avenue, Suite 1200
Orlando, FL 32801

Principal Office Address
same

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
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	3a. Date of Last Report	4. State or Country of Formation
10/05/95	N/A	Florida

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
10,000		59-3337151

Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED XX
$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

Niki T. Bryan
390 North Orange Avenue, Suite 1200
Orlando, FL 32801

10. If changing, 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 as 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 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
Niki Bryan Family Limited Partnership	390 N. Orange Avenue #1200	Orlando, FL 32801	A95000001446

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership empowered to execute this report as required by Chapter 620, Florida Statutes.

Niki Bryan Family Limited Partnership, by: NTB, Inc., its: General Partner

SIGNATURE [signature]
By: Niki T. Bryan, President

DATE 12-20-95

Niki T. Bryan
Typed or Printed Name of General Partner Signing Form

Telephone Number 843-2242 (407)

CR2E003 (6/95)