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RECEIVED
OCT 23 AM 10:06

CORPORATE ACCESS, INC. DIVISION OF CORPORATION

(Requestor's Name) 1116-D THOMASVILLE RD
(Address) TALLAHASSEE, FL 32303
(City, State, Zip) (904) 222-2666 (Phone #) KLW

OFFICE USE ONLY

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT 23 AM 10:26

900001627329
-11/03/95--01031--001
***140.00 ***140.00

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

1. Pettigrew Family Partnership, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 10/23/00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX _____
FILING 52.50
R. AGENT FEE 25.00
C. COPY 52.50
TOTAL 140.00
N. BANK _____
BALANCE DUE _____
FUNDING _____

Examiner's Initials

mn

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
PETTIGREW FAMILY PARTNERSHIP, LTD.
A Florida Limited Partnership**

THE UNDERSIGNED, constituting the general partner of PETTIGREW FAMILY PARTNERSHIP, LTD., a Florida limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. The name of the Partnership is PETTIGREW FAMILY PARTNERSHIP, LTD.
2. The address of the office of the Partnership is:

c/o LPWK International, Inc.
2974 Alton Road
Miami Beach, Florida 33140
3. The name and address of the agent for service of process on the Partnership is:

KTG&S Registered Agent Corporation
One International Place, Suite 2800
Miami, Florida 33131

4. The name and business address of the general partner is as follows:

Pettigrew Family, Inc.
2974 Alton Road
Miami Beach, Florida 33140

5. The mailing address of the Partnership is:

c/o LPWK International, Inc.
2974 Alton Road
Miami Beach, Florida 33140

6. The latest date upon which the Partnership will dissolve is December 31, 2045.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of PETTIGREW FAMILY PARTNERSHIP, LTD. this 5th day of October, 1995.

GENERAL PARTNER:

Pettigrew Family, Inc.

By: _____

Lane Pettigrew, President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for PETTIGREW FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process and to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

KTG&S REGISTERED AGENT CORPORATION

By: Marc Auerbach
Marc Auerbach, President

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DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared the undersigned person, as President of Pettigrew Family, Inc., the general partner of Pettigrew Family Partnership, Ltd., a Florida limited partnership (herein referred to as the "Partnership"), who upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the limited partners is as follows:

\$-0-

2. The additional capital contributions anticipated to be contributed by additional limited partners is as follows:

\$100

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the general partner of the Partnership.

FURTHER AFFIANT SAYETH NOT.

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:

Date: October 5, 1995

Pettigrew Family, Inc.

By: _____

Lane Pettigrew, President

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared Lane Pettigrew, President of Pettigrew Family, Inc., the general partner of Pettigrew Family Partnership, Ltd. (the "General Partner"), known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contribution or who has produced a driver's license with a picture identification, and he acknowledged to me and before me that he executed this Affidavit in foregoing capacity on behalf of the Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 17th day of October, 1995.

(NOTARY SEAL)

l:\clients\pettigrew\certlid.001



BLANCA B. ALVAREZ
My Commission CC323356
Expires Oct. 13, 1997
Bonded by ANB
800-852-5878

Notary Public

My Commission Expires: 10/13/95

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STATE
SECRETARY OF
DIVISION OF CORPORATIONS
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FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND 50% PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
1a. DOCUMENT #
A95000001580

PETTIGREW FAMILY PARTNERSHIP, LTD. 96-AR

DO NOT WRITE IN THIS SPACE

2. Mailing Address, If Applicable

3. Apt # etc

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt # etc

City, State & Zip

Mailing Address

2974 Alton Road
Miami Beach, FL 33140

Principal Office Address

2974 Alton Road
Miami Beach, FL 33140

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

10/23/95

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

5a. Capital Contributions as Shown
on Record

\$0.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$100.00

6. FEI Number

X

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 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 607.103, 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

KIT&S REGISTERED AGENT CORPORATION
100 S.E. 2nd Street
28th Floor
Miami, FL 33131

10. If changed, 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 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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

Pettigrew Family, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2974 Alton Road

11b. City, State & Zip Code

Miami Beach, Florida
33140

11c. Registration/
Document Number

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CR2E003 (6/95)

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

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 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 520, Florida Statutes.

SIGNATURE

LANE PETTIGREW

DATE

NOV. 1, 1995

Typed or Printed Name of General Partner Signing Form

LANE PETTIGREW, PRESIDENT

Telephone Number (305)673-0719