A95000001591

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 23 PM 2:41

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
(Requestor's Name)

1406 Hays Street, Suite 2
(Address)

Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

OFFICE USE ONLY

600001627500
-11/03/95--01037--009
***1277.50 ***1277.50

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

1. Shinefield Family Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	X Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

95 OCT 1[illegible]

S. TAX _____
FILING 1190.00
R. AGENT FEE 35.00
S. COPY 52.50
TOTAL 1,277.50
N. BANK _____
BALANCE DUE 10

Examiner's Initials DM

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

SHINEFIELD FAMILY LIMITED PARTNERSHIP

1. The name of the Limited Partnership is: SHINEFIELD FAMILY LIMITED PARTNERSHIP.

2. The business address of the Limited Partnership is 1111 Crandon Blvd., Apt. B301, Key Biscayne, Florida 33149.

3. The name of the Registered Agent in the State of Florida is Jeanne Shinefield.

4. The street address of the Registered Agent in the State of Florida is: 1111 Crandon Blvd., Apt B301, Key Biscayne, Florida 33149.

5. Jeanne Shinefield
Registered Agent must sign here to accept designation as Registered Agent for Service of Process

6. The mailing address of Limited Partnership is: c/o Wien, Malkin & Bettex, 60 East 42nd Street, New York, New York 10165, Attn: C. Michael Spero, Esq.

7. The latest date upon which the Limited Partnership is to dissolve is: December 31, 2095.

8. The names and address of all of the general partners are:

Jeanne Shinefield
1111 Crandon Blvd., Apt. B301
Key Biscayne, FL 33149

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Shinefield Family Trust
u/t/a dated 9/30/95
c/o Alfred Simon, CPA
2 University Plaza
Hackensack, New Jersey 07601

C95246900018

Signed this 29 day of September, 1995.

General Partners:

Jeanne Shinefield
Jeanne Shinefield

SHINEFIELD FAMILY TRUST
U/T/A DTD 9/30/95

By: Alfred Simon
Alfred Simon, Trustee

By: C. Michael Spero
C. Michael Spero, Trustee

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

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The undersigned constituting all of the general partners of SHINEFIELD FAMILY LIMITED PARTNERSHIP,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is $ 100.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 170,000.

Signed this 19 day of September, 19 95.

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.

Jeanne Shinefield
General Partner
SHINEFIELD FAMILY TRUST
By: [signature]
General Partner Trustee

General Partner

General Partner

General Partner

General Partner

General Partner

FILE ON OR BEFORE [illegible] 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $400 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

FILED
96 JAN 26 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Shinefield Family Limited Partnership

1a. DOCUMENT # A96000001591

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

Mailing Address / Principal Office Address
1111 Crandon Blvd.
Apt. B301
Key Biscayne, FL 33149

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

000001702270
-01/31/96--01021--026
****138.75 ****138.75

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
10-23-95	NA	FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
170,000.	$100.	65-0621637

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

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.

CR 1-29

9. Name and Address of Current Registered Agent

Jeanne Shinefield
1111 Crandon Blvd.
Apt. B301
Key Biscayne, FL 33149

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Jeanne Shinefield Shinefield Family Trust	1111 Crandon Blvd c/o Alfred Simon	Key Biscayne, FL 33149 2 University Plaza Hackensack, NJ 07601	G95296900018

000001702270
-01/31/96--01021--027
*****52.50 *****52.50

CR2E003 (6/95)

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 it at 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 _____, Tee

Typed or Printed Name of General Partner Signing Form C. Michael Spero, Tee DATE 12/5/95