A95000001773

3 10:25 AM

PUBLIC ACCESS SYSTEM
(((H95000012989))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135- 311-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000012989)))
DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: PRINCE LTD, 2950, LTL
FAX AUDIT NUMBER: H95000012989
DATE REQUESTED: 11/17/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $140.00
CURRENT STATUS: REQUESTED
TIME REQUESTED: 10:24:54
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072450003255

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Name Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
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TALLAHASSEE, FLORIDA

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95 NOV 20 AM 10:20
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NOV-20-1995 09:45

11-20

NOV-20-1995 11:41 P.09

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8 10:26 AM

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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

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NAME: PRINCE LTD.
FAX AUDIT NUMBER: H95000012989
DATE REQUESTED: 11/17/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $140.00

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TIME REQUESTED: 10:24:54
CERTIFICATE OF STATUS: 0
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H95000022806 not avail 195621

Name Availability	
Document	KWM
Updater	KWM
Updater Verifyer	KWM
Acno	KWM
W. P. Verifyer	KWM

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95 NOV 17 PM 1:14
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 17, 1995.

EMPIRE CORPORATE KIT COMPANY
ATTN: RAY STORMONT
1492 W. FLAGLER ST., STE. 200
MIAMI, FL 33135

SUBJECT: PRINCE, LTD.
REF: W95000022806

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

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) 487-6967.

Kenny Manning
Corporate Specialist

FAX Aud. #: H95000012989
Letter Number: 895A00051054

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95 NOV 20 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H95000012989

CERTIFICATE OF LIMITED PARTNERSHIP OF 2950, LTD.

1. The name of the Limited Partnership is 2950, Ltd.

2. The Business address of the Limited Partnership is 2950 N. 28th Terr., Hollywood, FL, 33021.

3. The name of the Registered Agent is Barry D. Kowitt

4. The address of the Registered Agent is 1801 N. Pine Island Rd., Suite 101, Plantation, FL, 33322.

5. Signature of Resident Agent accepting designation for Service of Process

Barry D. Kowitt

6. The Mailing Address of the Limited Partnership is 2950 N. 28th Terr., Hollywood, FL 33021.

7. The latest date upon which the Limited Partnership is to be dissolved is January 1, 2045.

8. The name of the general partner is Lorvlin, Inc., the Specific address is 850 N. State Road 7, Plantation, FL 33322.

P95000088426

Prepared by:
Barry D. Kowitt, ESQ
1801 N. Pine Island Rd.
Suite 101
Plantation, FL 33322
(305) 370-9999
FL Bar 987417

H95000012989

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned constituting all of the general partners of 2950, Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is $1,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $1,000.

FURTHER AFFIANT SAYETH NOT.

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

Lan V Lin Inc

By _____ Pres Fred Kogan, Pres.

General Partner

This 16 day of Nov., 1995.

86210005SH

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership: 2950, LTD.

1a. DOCUMENT # A95000001773

2. New Mailing Address if Applicable

Suite Apt # etc

City State & Zip

2a. New Principal Address: 500001686475 -01/24/96--01035--014

Suite Apt # etc ****191.25 ****191.25

City State & Zip

Mailing Address / Principal Office Address
2950 N 28TH TERR
HOLLYWOOD, FL 33021

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: NOV 20, 1995

3a. Date of Last Report: N/A

4. State or Country of Formation: BROWARD

5a. Capital Contributions as Shown on Record: $1000.00

5b. Amount of Capital Contributions in FLORIDA to date: $1000.00

6. FEI Number: 65-0626800 — 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 OR 1-25
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) 191.25
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
BARRY D. KOWITT
1801 N PINE ISLAND RD SUITE 101
PLANTATION, FL 33322

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
LORULIN, INC	850 N STATE RD 7	PLANTATION, FL 33317	P95000088426

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 X _____ DATE 1/16/96

Typed or Printed Name of General Partner Signing Form: LORULIN, INC BY FRED KOGAN, PRES. Phone Number: _____

CR2E003 (6/95)