

A95000001853

Arnold J. Goldstein, Ph. D.
ATTORNEY-AT-LAW*

360 S. MILITARY TRAIL
DREXFIELD BEACH, FL 33442
TEL. (305) 480-8933 • FAX (305) 480-8906

*Admitted Massachusetts
and Federal Bar.

Massachusetts office:
161 Worcester Road
Framingham, MA 01701
(508) 626-1500

November 28, 1995

Secretary of State
Business Filing Division
409 E. Gaines St.
Tallahassee, FL 32399

FILED
95 DEC - 1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

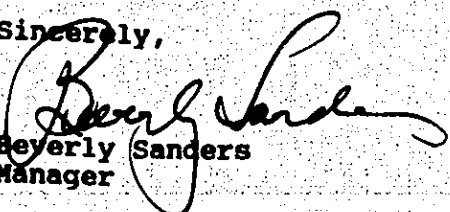
Dear Sir/Madam:

Enclosed is a check for \$87.50 to cover the filing fees for the
following limited partnership:

ALBA Limited Partnership

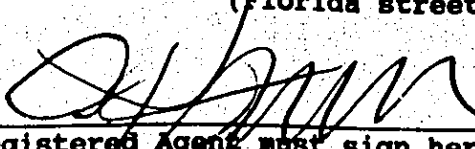
Please return completed forms to the address above. **CM**
200001652942
-12/05/95--01033--014
*****87.50 *****87.50

Sincerely,


Beverly Sanders
Manager

FILING 52.50
R. AGENT 35.00
C. COPY
TOTAL 87.50
N. BANK
BALANCE DUE
REFUND

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ALBA LIMITED PARTNERSHIP

1. ALBA LIMITED PARTNERSHIP
(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 18050 Giddens Dr., NE, Alva, Fl 33920
(The Business Address of Limited Partnership)
3. Allen Johnson
(Name of Registered Agent for Service of Process)
4. 18050 Giddens Dr. NE, Alva, Fl 33920
(Florida street address)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6. 18050 Giddens Dr. NE, Alva, Fl 33920
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2060.

8.	NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
	Allan Johnson	18050 Giddens Dr. NE Alva, Fl 33920
	Patricia Johnson	18050 Giddens Dr. NE Alva, Fl 33920

FILED
95 DEC - 1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Alba Limited Partnership, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 1,000.00.

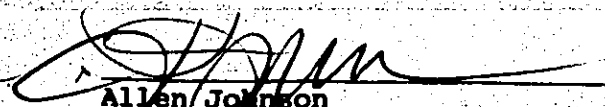
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

This 20 day of NOVEMBER, 1995.

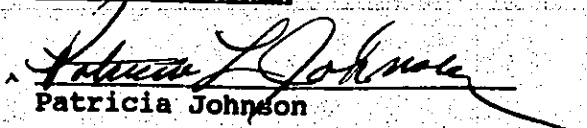
FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I(we) declare that I(we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER

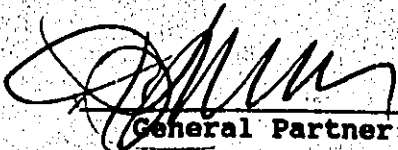

Allen Johnson

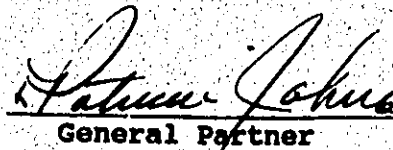
GENERAL PARTNER


Patricia Johnson

Signed this 20 day of NOVEMBER, 1991

Signature of all general partners:


General Partner


General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 DEC -1 PM 12:01

FILED

A95000001853

OFFICE USE ONLY (Document #)

Alba Limited Partnership
(Requestor's Name)
18050 Didders Dr.
(Address)
Alba, FL 33920
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. Alba Limited Partnership (Corporation Name) A95000001853 (Document #)
600001710036
-02/08/96--01029--003
*****7.00 *****7.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
600001710036
-02/08/96--01029--003
*****95.64 *****95.64
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ 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

FF-S/102.64

2/4/96a

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all the general partners
of Alba Limited Partnership, a Florida Limited Partnership,
certify as follows:

The amount of capital contributions to date pf the limited
partners is \$15,662.63.

The total amount contributed and anticipated to be contributed
by the limited partners at this time is \$15,662.63.

This 13th day of December, 1995.

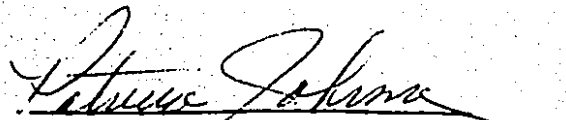
FURTHER AFFIANT SAYETH NOT:

Under the penalties of perjury we declare that we have
the foregoing and that the facts alleged are true, to the best
of our knowledge and belief.

GENERAL PARTNER


Allen Johnson

GENERAL PARTNER


Patricia Johnson

FILED
96 FEB -6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1995

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

FILED

96 FEB -6 PM 3:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership
ALBA LIMITED PARTNERSHIP

1a. DOCUMENT #
A95000001853

Mailing Address
**18050 Giddens Drive
Alva, FL 33920**

Principal Office Address
**18050 Giddens Drive
Alva, FL 33920**

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
December 1, 1995

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record:
\$2,000.00/1000.00

5b. Amount of Capital Contributions in
FLORIDA to date:
\$15,662.63

6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED
☒ Applied For
☐ Not Applicable

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 \$570.25 (\$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

**Allen Johnson
18050 Giddens Drive
Alva, FL 33920**

10. If changed, now "registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
400001710084

Suite, Apt. #, etc.

City

02708796--01029--005
249.39
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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

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
Patricia Johnson	18050 Giddens Drive	Alva, FL 33920	A95000001853
Allen Johnson	18050 Giddens Drive	Alva, FL 33920	A95000001853

AR - \$109.64
SF \$138.75
2/6/96

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 or the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Patricia Johnson*
Typed or Printed Name of General Partner Signing Form **Patricia Johnson**

DATE **12/26/95**
Telephone Number **941/693-8785**

CR2E003 (6/95)