

A95000001876

Requester's Name _____
Address _____
City/State/Zip _____ Phone # _____

A95000001876
Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. **PMM PARTNERS, LIMITED PARTNERSHIP**
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #) **500001659435**
-12/12/95--01032--010
*****140.00 ***140.00**
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 DEC -6 PM 4:28

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/RENEWAL/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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

Examiner's Initials BM

CERTIFICATE OF LIMITED PARTNERSHIP OF

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1. PMM PARTNERS, LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited",
"Ltd.", or "Limited Partnership")
2. 101 SOUTHWALL LANE, SUITE 400, MAITLAND, FL 32751
(Business address of Limited Partnership)
3. PMM ASSOCIATES, LTD.
(Name of Registered Agent for Service of Process)
4. 101 SOUTHWALL LANE, SUITE 400, MAITLAND, FL 32751
(Florida Street address for Registered Agent)
5. [Signature] - PMM ASSOCIATES, LTD.
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 101 SOUTHWALL LANE, SUITE 400, MAITLAND, FL 32751
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 12-6-2050.

8. Name of general partner(s):

Specific address:

PMM ASSOCIATES, LTD. ^{AKA 760}
F95000005223

101 SOUTHWALL LANE, SUITE 400, MAITLAND, FL
32751

Signed this 6th day of December, 19 95.
Signature of all general partners:

[Signature]
General Partner
PMM ASSOCIATES, LTD.

General Partner

General Partner

General Partner

General Partner

General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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The undersigned constituting all of the general partners of

PMM PARTNERS

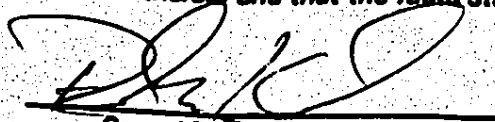
, a Florida Limited Partnership, certify.

The amount of capital contributions to date of the limited partners is \$ 98.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 98.00.

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.



General Partner
PMM ASSOCIATES, LTD.

General Partner

General Partner

General Partner

General Partner

General Partner

This 6th day of DECEMBER, 19 95.