

A95000001942

STEVEN A. SCIARRETTA, P.A.
ATTORNEYS AT LAW

FILED

95 DEC -8 PH 3:49

KAREN M. SCIARRETTA
STEVEN A. SCIARRETTA
LL.M. IN TAXATION

GLADES TWIN PLAZA
2300 Glades Road, Suite 302B
Boca Raton, Florida 33431
TELEPHONE: (407) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (407) 368-8502

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

November 17, 1995

500001642415
-11/21/95--01011--007
***1793.75 ***1793.75

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: MASON FAMILY LIMITED PARTNERSHIP

Dear Sir/Madam:

Enclosed please find a Certificate of Limited Partnership and an Affidavit of Capital Contributions regarding MASON FAMILY LIMITED PARTNERSHIP.

As the total amount contributed and the anticipated amount to be contributed by the Limited Partners for this particular Partnership is in excess of Seven Hundred and Fifty Thousand Dollars (\$750,000), the maximum fee of One Thousand Seven Hundred Fifty Dollars (\$1,750) has been included in the enclosed check as the filing fee for both the Certificate and Affidavit. In addition, an additional Thirty-Five Dollars (\$35.00) has been included for the designation of a Registered Agent and an additional Eight Dollars and Seventy-Five Cents (\$8.75) has been included for a Certificate.

Therefore, please find enclosed our check in the amount of One Thousand Seven Hundred Ninety-Three Dollars and Seventy-Five Cents (\$1,793.75).

Should you have any further questions or comments as regards this matter, please do not hesitate to contact me.

Very truly yours,

STEVEN A. SCIARRETTA, P.A.

Karen M. Sciarretta
KAREN M. SCIARRETTA, ESQ.
KMS:mn:Enclosure

WFS000-23384

| | |
|-------------------|-----|
| Name | |
| Availability | twm |
| Document Examiner | |
| Updater | |
| Updater Verifier | |
| Acknowledgement | |
| W. P. Verifier | |

128

STEVEN A. SCIARRETTA, P.A.
ATTORNEY AT LAW

FILED

95 DEC -8 PM 3:49

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Asset Protection:
Business Taxation Planning
Probate Administration
Trusts and Estate Planning

FEDERAL EXPRESS OVERNIGHT


Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

RE: Mason Family Limited Partnership

Ladies/Gentlemen:

Enclosed please find a signed certificate of Limited Partnership for Mason Family Limited Partnership.

Sincerely,


KAREN M. SCIARRETTA

KMS\PD
ENCLOSURE



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 29, 1995

STEVEN A. SCIARRETTA, P.A.
GLADES TWIN PLAZA
2300 GLADES RD., STE. 302E
BOCA RATON, FL 33431

SUBJECT: MASON FAMILY LIMITED PARTNERSHIP
Ref. Number: W9500023384

We have received your document for MASON FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

Letter Number: 695A00052163

CERTIFICATE OF LIMITED PARTNERSHIP
OF
MASON FAMILY LIMITED PARTNERSHIP

FILED
95 DEC -8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. MASON FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1515 South Flagler Drive #TS-3, West Palm Beach, FL 33401

(The Business Address of Limited Partnership)

3. Steven A. Sciarretta, Esq.

(Name of Registered Agent for Service of Process)

4. 2300 Glades Road, Suite 302E, Boca Raton, Florida 33431

(Florida Street Address for Registered Agent)

5. 

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. Set forth on Line #2 above

(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is November 17, 2065.

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

Paul Mason

1515 South Flagler Drive, #TS-3
West Palm Beach, FL 33401

Signed this 17th day of November, 1995.

Signature of all General Partners:


Paul Mason

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partners of MASON FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the Limited Partners is \$0.00.

The total amount contributed and anticipated by the Limited Partners at this time totals \$850,000.00.

This 17th 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.


Paul Mason, General Partner

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

A950001942
 1996
 FLORIDA DEPARTMENT OF REVENUE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 95 DEC 29 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
 MASON FAMILY LIMITED PARTNERSHIP

1a. DOCUMENT #
 A95000001942

96-AR
 CM

Mailing Address
 1515 South Flagler Drive
 Apt. TS-3
 West Palm Beach, Florida 33401

Principal Office Address

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

3. Date Formed or Registered to Do Business in FLORIDA

3a. Date of Last Report
 12/08/95

4. State or Country of Formation
 Florida

5a. Capital Contributions as Shown on Record
 850,000.00

5b. Amount of Capital Contributions in FLORIDA to date
 0.00

6. FEI Number
 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 607.193, 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.

9. Name and Address of Current Registered Agent

Steven A. Sciarretta, P.A.
 2300 Glades Road
 Suite 302E
 Boca Raton, FL 33431

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 12/27/95

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 |
|-----------------------------------|---|-----------------------------------|--|
| Paul A. Mason | 1515 South Flagler Drive Apt. TS-3 | West Palm Beach, Florida 33401 | 700001683287 -01/10/96--01015--011 ****576.25 ****576.25 |

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 in 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 Paul A. Mason DATE 12/27/95

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003 (6/95)

STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

KAREN M. SCIARRETTA
STEVEN A. SCIARRETTA
LL.M. IN TAXATION

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Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

OVERNIGHT FEDERAL EXPRESS

December 27, 1995

Florida Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Partnership Section

Re: Mason Family Limited Partnership
A95000001942

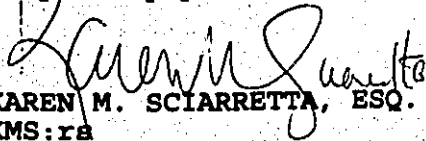
Ladies/Gentlemen:

Enclosed please find the completed 1996 Limited Partnership Annual Report for the above referenced partnership.

Also enclosed is a check made payable to the Florida Department of State in the amount of \$576.25.

If you have any questions/comments, please feel free to contact me at the number noted above.

Very truly yours,


KAREN M. SCIARRETTA, ESQ.
KMS:ra
Enclosures