

Charter Number Only
A95000001994

12-21-95 MA HARRIS

Elliot Harris
Requestor's Name

111 SW 3 Street #6 FL.
Address

Miami, FL 33130
City State Zip

358-0146
Phone

FILED STATIONS
DIVISION OF CORPORATIONS
95 DEC 21 AM 11:50

CORPORATION(S) NAME

Miami Walco, LTD.

300001670403
-12/26/95--01036--008
***1015.00 ***1015.00

300001670403
-12/26/95--01036--009
*****52.50 *****52.50

RECEIVED
95 DEC 21 AM 11:15
DIVISION OF CORPORATIONS

Toll Free: 1-800-432-3028

- | | | |
|---|--|---|
| <input type="checkbox"/> New York | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED
COPY

3. TAX
FILING 980.00
R. AGENT FEE 35.00
3. COPY 52.50
TOTAL 1,067.50
V. BANK
BALANCE DUE

BK 12/21/95

CERTIFICATE OF LIMITED PARTNERSHIP

Miami Walco, Ltd.

Certificate of Limited Partnership made this 20th day
December, 1995, by the undersigned general partner:

1. The name of the limited partnership: Miami Walco, Ltd.
2. The registered office of the limited partnership is: 111 S.W. 3rd Street, Sixth Floor, Miami, Florida 33130. The name of its present registered agent located at the registered office for service of process required to be maintained by Section 620.105, Florida Statutes is: Elliott Harris.
3. The name and the business address of each general partner is: Tim Walker, 2341 North Miami Avenue, Miami, Florida.
4. The mailing address for the limited partnership is: 111 S.W. 3rd Street, Sixth Floor, Miami, Florida 33130.
5. The latest date upon which the limited partnership is to dissolve is: December 31, 2046.
6. The purpose of the partnership shall be to acquire, own, hold, manage, operate, improve, develop, maintain and repair, construct improvements upon, sell and otherwise dispose of and mortgage or otherwise encumber all or any part of property, real and personal, which shall be acquired and owned by and in the name of the limited partnership and to engage in all activities as are reasonably incidental to property ownership, except by the unanimous consent of the partners, evidenced in writing, the partnership shall not engage in any other business or activity; real property owned by the partnership may not be encumbered nor sold without the consent of 76% of the limited partners.
7. The partnership is authorized to sell, hold, lease, own, mortgage, manage, encumber, transfer, exchange or otherwise convey and deal with partnership property or any portion thereof.
8. Elliott Harris, having been named to accept service of process for this limited partnership, at the place designated in the Certificate of Limited Partnership, hereby agrees to act in the

This instrument prepared by:
Elliott Harris, Esq.
111 S.W. 3rd Street, 6th Floor
Miami, Florida 33130
Fla. Bar No. 097072

FILED
SECRETARY OF COMMERCE
CORPORATIONS
DEC 21 AM 11:30



T. J. W. H.

ake oaths.

Liza A. Garcia
NOTARY PUBLIC
Liza A. Garcia
typed/printed name



This instrument prepared by:
Elliott Harris, Esq.
111 S.W. 3rd Street, 6th Floor
Miami, Florida 33130

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 21 AM 11:50

AFFIDAVIT AS TO CAPITAL CONTRIBUTION

Miami Walco, Ltd.

STATE OF FLORIDA)
 ss.
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared ----
-----TIM WALKER as general partner of MIAMI
WALCO, LTD., and states:

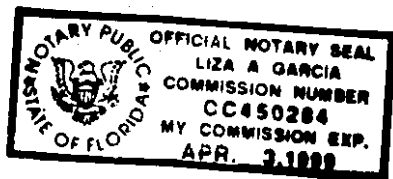
1. Toby Cohn is the sole limited partner of Miami Walco, Ltd.
2. The amount of capital contributions of the limited partner and the amount anticipated to be contributed by the limited partner is \$140,000.00.
3. This affidavit is made to accompany the filing of the Certificate of Limited Partnership of Miami Walco, Ltd.

FURTHER AFFIANTS SAYETH NOT.

T. W. Walker
TIM WALKER, Affiant

SWORN TO and subscribed before me this 20th day of December, 1995.

My commission expires:



Liza A. Garcia
NOTARY PUBLIC
Liza A. Garcia
typed/printed name

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

A95000001994

FILED

95 FEB -5 AM 10:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

Miami Walco, Ltd.

1a. DOCUMENT #

A95000001994

DO NOT WRITE IN THIS SPACE

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

111 S.W. 3rd Street
Sixth Floor
Miami, Florida 33130

Principal Office Address

111 S.W. 3rd Street
Sixth Floor
Miami, Florida 33130

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

3a. Date of Last Report

n/a

4. State or Country of Formation

Dade

5a. Capital Contributions as Shown
on Record

\$140,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$140,000.00

6. FEE Number

applied for

X

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

Elliott Harris, Esq.
111 S.W. 3rd Street
Sixth Floor
Miami, Florida 33130

10. If changed, use Bureau of Appointments

Name

Street Address (P.O. Box Number is Not Acceptable) ***585.00 ***585.00

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)

Tim Walker

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2341 N. Miami Ave.

11b. City, State & Zip Code

Miami, Florida

11c. Registration
Document Number

AR - \$437.50
SF - \$138.75
Cus - 8.75
2/6/96a

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

Tim Walker

DATE 1/26/96

Typed or Printed Name of General Partner Signing Form

Tim Walker

Telephone Number (305) 358-0146

CR2E003 (6/95)