

# A9500002043

DEC-26-95 15:26 FROM: ATLAS PEARLMAN PA  
 (((H95000014394)))

ID: 305-525-3857

PAGE 1/4

TO: DIVISION OF CORPORATIONS  
 DEPARTMENT OF STATE  
 STATE OF FLORIDA  
 409 EAST GAINES STREET  
 TALLAHASSEE, FL 32399

FAX: (904) 922-4000

FROM: ATLAS, PEARLMAN, TROP & BORKSON, P.A.  
 PO BOX 14610

FT LAUDERDALE FL 33302-4610

CONTACT: BEVERLY F BRYAN

PHONE: (305) 763-1200

FAX: (305) 523-1952

(((H95000014394)))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP  
 NAME: THE MAY FAMILY PARTNERSHIP, LTD.

FAX AUDIT NUMBER: H95000014394

DATE REQUESTED: 12/26/1995

CERTIFIED COPIES: 1

NUMBER OF PAGES: 3

ESTIMATED CHARGE: \$140.00

CURRENT STATUS: REQUESTED

TIME REQUESTED: 14:56:41

CERTIFICATE OF STATUS: 0

METHOD OF DELIVERY: FAX

ACCOUNT NUMBER: 076247002423

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(((H95000014394)))

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

[61] ☐ COMPUSER ☐ MENU

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FILED  
 95 DEC 26 AM 9:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|                   |     |
|-------------------|-----|
| Name              | KWM |
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| Undater           | KWM |
| Undater Verifier  | KWM |
| Asst. Undater     | KWM |
| W P Verifier      | KWM |

4269.01

DIVISION OF CORPORATIONS

95 DEC 26 PM 4:12

RECEIVED

12-26

H95000014394

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95 DEC 26 AM 9:01

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
THE MAY FAMILY PARTNERSHIP, LTD.,  
A FLORIDA LIMITED PARTNERSHIP

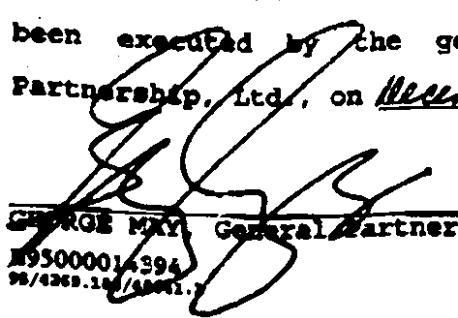
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned general partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby state:

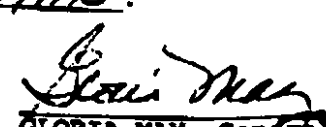
1. The name of the partnership is The May Family Partnership, Ltd.
2. The address of the office of the partnership is 721 Conch Shell Way, Plantation, Florida 33324.
3. The name and address of the agent for service of process on the limited partnership is George May, 721 Conch Shell Way, Plantation, Florida 33324.
4. The names of the general partners are George May and Gloria May. The business address of the general partners is 721 Conch Shell Way, Plantation, Florida 33324.
5. The mailing address of the partnership is 721 Conch Shell Way, Plantation, Florida 33324.
6. The latest date upon which the partnership shall dissolve is December 31, 2036.

The execution of this certificate by the undersigned general partners constitute an affirmation under penalties of perjury that the facts stated therein are true.

IN WITNESS WHEREOF, the certificate of limited partnership has been executed by the general partners of The May Family Partnership, Ltd., on December 26, 1995.

  
GEORGE MAY, General Partner

H95000014394  
95/4269.110/4269.110

  
GLORIA MAY, General Partner

ELLIOT P. BORKSON, ESQ., FL BAR # 154785  
ATLAS, PEARLMAN, TROP & BORKSON, P.A.  
200 EAST LAS OLAS BOULEVARD, SUITE 1900  
FORT LAUDERDALE, FLORIDA 33301

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA )  
                              ) ss:  
COUNTY OF BROWARD)

Before me, the undersigned authority, personally appeared George May and Gloria May, the general partners of The May Family Partnership, Ltd. (the "Partnership"), who upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners in the aggregate is \$1,000.
2. At this time, it is anticipated that additional contributions of \$4,000 will be made by the limited partners.

UNDER PENALTIES OF PERJURY, we declare that we have read the foregoing and the facts alleged are true to the best of our knowledge and belief.

George May  
GEORGE MAY, General Partner

Gloria May  
GLORIA MAY, General Partner

Before me personally appeared GEORGE MAY, who is personally known to me or who produced DRIVERS LICENSE as identification, and GLORIA MAY, who is personally known to me or who produced DRIVERS LICENSE as identification, and who executed the foregoing affidavit of capital contributions, and they acknowledge to me and before me that they executed it as general partners of The May Family Partnership, Ltd.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the state and county aforesaid on \_\_\_\_\_.

Signature of Notary Public

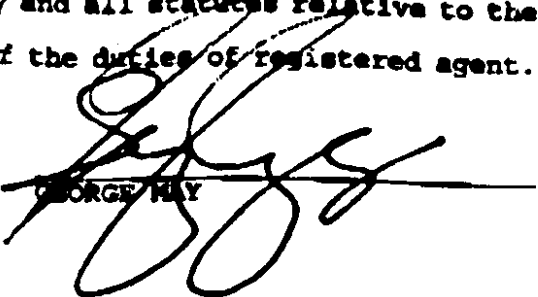
Robert  
Print Name of Notary Public



H95000014394

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for The May Family Partnership, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing certificate of limited partnership, I hereby agree to act in that capacity, and on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

  
\_\_\_\_\_  
GEORGE MAY

H95000014394

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

FILED

96 FEB 28 PM 5:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #

A95000002043

THE MAY FAMILY PARTNERSHIP, LTD.

Mailing Address

Principal Office Address

721 Conch Shell Way  
Plantation, FL 33324

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable

n/a

Suite Apt # etc

City, State & Zip

700001729087

03/01/96-01034-018

191.25 191.25

2a. New Principal Office Address, if Applicable

n/a

Suite Apt # etc

City, State & Zip

3. Date Formed or Registered to Do Business in  
FLORIDA

12/26/95

3a. Date of Last Report

n/a

4. State or Country of Formation

FL

5a. Capital Contributions as Shown  
on Record

\$5,000

5b. Amount of Capital Contributions in  
FLORIDA to date

\$5,000

6. FEI Number

65-0628094

Applied For

If 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)  
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.  
Note: MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

799,2414,1069

9. Name and Address of Current Registered Agent

George May  
721 Conch Shell Way  
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name

n/a

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

Suite Apt # etc

City

FL

Zip Code

10a. Pursuant to the provisions of section 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

12/29/95

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)

George May

Gloria May

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

721 Conch Shell Way

721 Conch Shell Way

11b. City, State & Zip Code

Plantation, FL

Plantation, FL

11c. Registration  
Document Number

n/a

n/a

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership described in this report and am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

George J. May

DATE 12/29/95

Telephone Number

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/95)