

# A95000002055

Pennsylvania  
Requestor's Name  
215 S. Monroe St  
Address  
TCO FL 222-3533  
City/State/Zip Phone #

700001673497  
-12/28/95--01093--011  
\*\*\*1750.00 \*\*\*1750.00

700001673497  
-12/28/95--01093--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

Shubin Family Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Mail out

☒ Pick up time \_\_\_\_\_

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

FILED  
95 DEC 27 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
95 DEC 27 AM 10:28  
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION AND QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FF - \$1,750.00  
RA - \$35.00

Call when  
Ready  
222-3533

12/27/95

Examiner's Initials

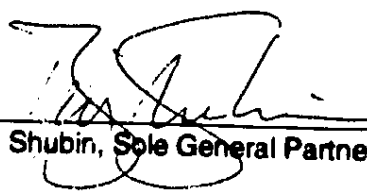
**CERTIFICATE OF LIMITED PARTNERSHIP OF  
SHUBIN FAMILY LIMITED PARTNERSHIP**

*A9500002055*

THE UNDERSIGNED, desiring to form a limited partnership (the "Partnership") in accordance with the requirements of Section 620.108 of the Revised Uniform Limited Partnership Act of 1986 (the "Act"), does hereby sign and swear to this Certificate of Limited Partnership and the annexed Affidavit Regarding Capital Contributions, as follows:

1. The name of the Partnership is **Shubin Family Limited Partnership**.
2. The address of the office where the records of the Partnership are maintained as required by Section 620.106 of the Act is 175 N.E. Spanish Terrace Boca Raton, Florida 33432. The name and address of the registered agent of the Partnership upon whom process may be served is FHS Corporate Services, Inc., 11780 U. S. Highway One, Suite 300, North Palm Beach, Florida 33408.
3. The name of the sole General Partner of the Partnership is Bill Shubin whose business address is 175 N.E. Spanish Trail, Boca Raton, Florida 33432
4. The mailing address of the Partnership is 175 N.E. Spanish Trail, Boca Raton, Florida 33432
5. The latest date on which the Partnership is to be dissolved is December 31, 2025.

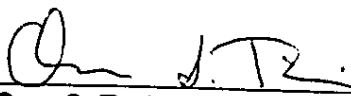
IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 26 day of December, 1995.

  
Bill Shubin, Sole General Partner

**ACCEPTANCE BY REGISTERED AGENT**

THE UNDERSIGNED HEREBY accepts its appointment as Registered Agent of the aforesaid Limited Partnership. We are familiar with, and accept, the obligations of, Section 620 of the Florida Statutes.

FHS CORPORATE SERVICES, INC.,  
a Florida corporation

By:   
Oren S. Tasini, Assistant Secretary

FILED  
95 DEC 27 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

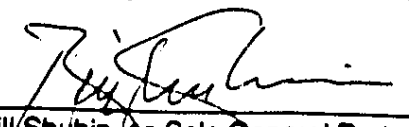
**AFFIDAVIT DECLARING CAPITAL CONTRIBUTIONS**

STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF PALM BEACH            )

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Bill Shubin, who being first duly sworn, did depose and say as follows:

1. I am the Sole General Partner named in the Certificate of Limited Partnership of Shubin Family Limited Partnership (the "Partnership"). I make this Affidavit in my capacity as the Sole General Partner of the Partnership pursuant to the requirements of Section 620.108 of the Revised Uniform Limited Partnership Act of 1966.

2. The amount of capital contributions of the Limited Partners of the Partnership and the amount anticipated to be contributed by them is a total of One Million and No/100 dollars (\$1,000,000).

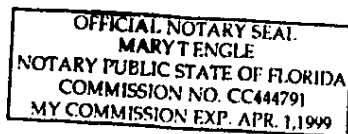
  
\_\_\_\_\_  
Bill Shubin, as Sole General Partner

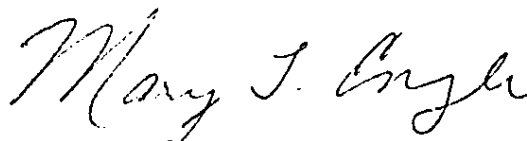
STATE OF FLORIDA  
  
SS:  
  
COUNTY OF PALM BEACH

FILED  
95 DEC 27 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

BEFORE ME, the undersigned, a Notary Public, personally appeared Bill Shubin, who is either personally known to me or presented identification in the form of ~~proper license~~ as the Sole General Partner named in and who executed the above Affidavit, and he did freely and voluntarily acknowledge before me according to law that he made and executed the same for the uses and purposes therein mentioned and set forth.

WITNESS my hand and seal this 26<sup>th</sup> day of December, 1995.



  
Mary T. Engle

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$900 PENALTY FEE

**A95000002055**  
1996  
DIVISION OF CORPORATIONS

**FILED**

96 JAN 29 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**Shubin Family Limited Partnership**

1a. DOCUMENT #  
**A95000002055**

Mailing Address

Principal Office Address

**175 N.E. Spanish Trail  
Boca Raton, FL 33432**

**175 N.E. Spanish Trail  
Boca Raton, FL 33432**

Suite Apt # etc

City State & Zip

2a. New Principal Office Address, If Applicable

Suite Apt # etc

City State & Zip

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**

**12-27-95**

3a. Date of Last Report

**N/A**

4. State or Country of Formation

**Florida**

5a. Capital Contributions as Shown  
on Record

**\$1,000,000**

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

**\$1,000,000**

6. FEI Number

**95-4560362**

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 \$42.50 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 (\$42.50 + \$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

**FHS Services, Inc.  
11780 U.S. Highway One  
Suite 300  
North Palm Beach, FL 33408**

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

**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)

**Bill Shubin**

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

**175 N.E. Spanish Trail**

11b. City, State & Zip Code

**Boca Raton, FL  
33432**

11c. Registration  
Document Number

**A95000002055**

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, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form **Bill Shubin**

Telephone Number **407 997-6108**

CR2E003 (6/95)