A95000002075

Lexis Document Services
Requestor's Name

P.O. Box 2969
Address

Springfield IL 62708
City/State/Zip Phone #

200001675722
-01/02/96--01086--010
***1785.00 ***1785.00

Office Use Only

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

1. Cohn Partners, Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
95 DEC 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

FF $1,750.00
35.00
RA $

RECEIVED
95 DEC 28 AM 11:36
DIVISION OF CORPORATION

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

~~W95000025078~~

12/28/95 a

CR2E031(1/95)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 28, 1995

LEXIS DOCUMENT SERVICES
P. O. BOX 2969
SPRINGFIELD, IL 62708

SUBJECT: COHN PARTNERS, LTD.
Ref. Number: W95000025078

We have received your document for COHN PARTNERS, LTD. and check(s) totaling $1785.00. However, your check(s) and document are being returned for the following:

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 195A00055578

FILED
95 DEC 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
COHN PARTNERS, LTD.

1. COHN PARTNERS, LTD. A95000020775
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 88181 OLD HIGHWAY, UNIT C-4 Islamorada, Florida 33036
(The Business Address of Limited Partnership)

3. DAVID M. COHN
(Name of Registered Agent for Service of Process)

4. 88181 OLD HIGHWAY, UNIT C-4 Islamorada, Florida 33036
(Florida Street Address for Registered Agent)

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

6. 88181 OLD HIGHWAY, UNIT C-4, ISLAMORADA, FLORIDA 33036
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/2045.

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
David M. Cohn as trustee of the DAVID M. COHN REVOCABLE TRUST DATED NOVEMBER 18, 1985	88181 OLD HIGHWAY, UNIT C-4, ISLAMORADA, FL 33036
NANCY COHN	88181 OLD HIGHWAY, UNIT C-4, ISLAMORADA, FL 33036

Signed this 27th day of DECEMBER, 1995.
Signature of all general partners:

David M Cohn
General Partner and Registered Agent
DAVID M. COHN AS TRUSTEE OF THE DAVID M. COHN REVOCABLE TRUST DATED 11/18/85

Nancy L Cohn
General Partner, NANCY COHN

General Partner

General Partner

General Partner

FILED
95 DEC 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of COHN PARTNERS, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ - 0 -.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 1,000,000.

This 27th day of DECEMBER, 19 95.

FILED
95 DEC 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 ture, to the best of my knowledge and belief.

David M. Cohn
General Partner, DAVID M. COHN AS TRUSTEE OF THE DAVID M. COHN REVOCABLE TRUST DATED 11/18/85

Nancy L. Cohn
General Partner, NANCY L. COHN

General Partner

General Partner

General Partner

General Partner

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

A95000002075

1996

...STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN 29 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership: **Cohn Partners, Ltd.**

1a. DOCUMENT # A95000002075

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 600001702116
-01/31/96--01014--006

City State & Zip ****576.25 ****576.25

Mailing Address / Principal Office Address:
88181 Old Highway, Unit C-4
Islamorada, Florida 33036

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	4. State or Country of Formation
12/28/95	N/A	FLORIDA

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
1,000,000	1,000,000	APPLIED FOR	X Applied For / Not Applicable	☐ [redacted]

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 also with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
David M. Cohn **88181 Old Highway, Unit C-4** **Islamorada, Florida 33036**	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
David M. Cohn, as trustee of the David M. Cohn Revocable Trust dated November 10, 1995.	**88181 Old Highway, Unit C-4**	**Islamorada, FL 33036**	AR-$437.50 SF-$138.75
Nancy L. Cohn	**88181 Old Highway, Unit C-4**	**Islamorada, FL 33036**	1-30-96

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 David M. Cohn DATE 1-20-96

Typed or Printed Name of General Partner Signing Form **David M. Cohn, as trustee of the David M. Cohn Revocable Trust Dated 11/10/95.** Telephone Number (305) 853-0595

CR2E003 (6/95)