

A95000002094

CORPORATE ACCESS, INC.

1146-B THOMASVILLE RD

TALLAHASSEE, FL 32309

(904) 222-2666

Address

City/State/Zip

Phone #

800001674978

-01/02/96--01036--011

***140.00 ***140.00

Office Use Only

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

1. The Retreat Professional Services, Ltd.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 12/29 11:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

FILED
95 DEC 29 AM 12:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CC
12/29/95

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE RETREAT PROFESSIONAL SERVICES, LTD.
A Florida Limited Partnership**

A95000002094

THE UNDERSIGNED, constituting the General Partner of THE RETREAT PROFESSIONAL SERVICES, LTD., a Florida limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. The name of the Partnership is THE RETREAT PROFESSIONAL SERVICES, LTD.

2. The address of the office of the Partnership is:

555 S.W. 148th Avenue
Sunrise, FL 33325

3. The name and address of the agent for the service of process on the Partnership is:

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2nd Street
28th Floor
Miami, Florida 33131

4. The name and business address of the General Partner is as follows:

Goldsel/Retreat, Inc.
555 S.W. 148th Avenue
Sunrise, Florida 33325

5. The mailing address of the Partnership is:

555 S.W. 148th Avenue
Sunrise, Florida 33325

6. The latest date upon which the Partnership will dissolve is December 31, 2045.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of THE RETREAT PROFESSIONAL SERVICES, LTD. this 28th day of December, 1995.

GENERAL PARTNER:

GOLDSEL/RETREAT, INC.

By: Nancy J. Ansley
Nancy J. Ansley, CFO/Treasurer

FILED
55 DEC 29 AM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for THE RETREAT PROFESSIONAL SERVICES, LTD., a Florida limited partnership ("Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, agree to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

KTG&S REGISTERED AGENT CORPORATION

By: 

Marc H. Auerbach,
President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 DEC 29 AM 12:31

FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Nancy J. Ansley, Treasurer and CFO of GOLDSSEL/RETREAT, INC., the General Partner of THE RETREAT PROFESSIONAL SERVICES, LTD., a Florida limited partnership, herein referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$1,000.00

2. The amount of capital contributions anticipated to be contributed by additional Limited Partners is as follows:

\$ 100.00

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

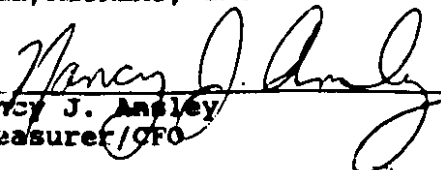
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

GOLDSSEL/RETREAT, INC.

Dated: December 28, 1995

By:


Nancy J. Ansley
Treasurer/CFO

95 DEC 29 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -9 AM 9:50

1. Name of Limited Partnership:
**1a. DOCUMENT #
A95000002094**

THE RETREAT PROFESSIONAL SERVICES, LTD.

Mailing Address
555 SW 140TH AVE.
SUNRISE FL 33325

Principal Office Address
555 SW 140TH AVE.
SUNRISE FL 33325

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
12/29/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$1,100.00

5b. Amount of Capital Contributions in
FLORIDA to date

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. 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 \$578.25 (\$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

KT&S REGISTERED AGENT CORPORATION
100 SE 2ND ST., 30TH FLOOR
SUNRISE FL 33325

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 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

**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)

GOLDSSEL/RETREAT, INC.

11a. Address of Each General Partner
(If not a Post Office Box, furnished)

555 SW 140TH AVE.

11b. City, State & Zip Code

SUNRISE FL 33325

11c. Registration/
Document Number

170147

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)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) 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, the undersigned, am a General Partner of the limited partnership, receiver or trustee, empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Goldsel/Retreat, Inc. by Nancy J. Rosley
Goldsel/Retreat, Inc. by Nancy J. Rosley

DATE

5/25/96

Telephone Number

954-370-0200

CR2E003 (1/195)