

DEC-29-95 FRI 12:27

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12/29/95

FLORIDA DIVISION OF CORPORATIONS

12:59 AM

PUBLIC ACCESS SYSTEM

((H95000014557)))

ELECTRONIC FILING COVER SHEET

TO, DIVISION OF CORPORATIONS

FROM, GUNSTER, YACKLEY, ET AL (MIAMI)

DEPARTMENT OF STATE

2 S. BISCAYNE BLVD., STE. 340

STATE OF FLORIDA

409 EAST GAINES STREET

MIAMI FL 33131-

TALLAHASSEE, FL 32399

CONTACT, MARY BLACKFORD CHERRY

FAX, (904) 922-4000

PHONE, (407) 650-0728

FAX, (305) 376-6010

((H95000014557)))

DOCUMENT TYPE, FLORIDA LIMITED PARTNERSHIP

NAME, DEL ROSAL INVESTMENT PARTNERS, LTD.

FAX AUDIT NUMBER, H95000014557

CURRENT STATUS, REQUESTED

DATE REQUESTED, 12/29/1995

TIME REQUESTED, 12:59:11

CERTIFIED COPIES, 1

CERTIFICATE OF STATUS, 1

NUMBER OF PAGES, 4

METHOD OF DELIVERY, FAX

ESTIMATED CHARGE, \$1,040.25

ACCOUNT NUMBER, 076117000420

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FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FAX AUDIT NO. H95000014557

**CERTIFICATE OF LIMITED PARTNERSHIP OF
DEL ROSAL INVESTMENT PARTNERS, LTD.
a Florida limited partnership**

FILED

95 DEC 29 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Chapter 620.108, Florida Statutes, hereby certifies the following:

1. **Name of Partnership.** The name of the Partnership is as follows

DEL ROSAL INVESTMENT PARTNERS, LTD.

2. **Address of Record Keeping Office.** The address of the record keeping office of the Partnership in the State of Florida is as follows:

9400 Old Cutler Lane
Coral Gables, Florida 33156

3. **Registered Office and Agent.** The name and address of the agent for service of process on the Partnership is as follows:

Valdes-Fauli Corporate Services, Inc.
2 South Biscayne Boulevard, Suite 3400
Miami, Florida 33131

4. **Name and Business Address of General Partner.** The name and business address of the general partner is as follows:

BIONNE, Inc. - P95000096763
9400 Old Cutler Lane
Coral Gables, Florida 33156

5. **Mailing Address.** The mailing address of the Partnership is as follows:

9400 Old Cutler Lane
Coral Gables, Florida 33156

6. **Latest Date Upon Which Partnership Is To Dissolve.** The latest date upon which the Partnership is to dissolve is December 31, 2045.

THIS DOCUMENT PREPARED BY:
Sulferino Fernandez-Buencasa, Esq.
Counsel, Vashley, Valdes-Fauli &
Stewart, P.A.
Suite 3000 - One Biscayne Tower
2 South Biscayne Tower
Miami, Florida 33131
Tel: (305) 376-6887

Florida Bar No.: 358455

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FAX AUDIT NO. H95000014557

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Jorge L. Del Rosal, president of BIONNE, Inc., general partner of **DEL ROSAL INVESTMENT PARTNERS, LTD.**, this 22 day of December, 1995.



Jorge L. Del Rosal

FAX AUDIT NO. H95000014557

GUNSTER, YOAKLEY, VALDES-FAULI & STEWART

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the Undersigned, personally appeared Jorge L. Del Rosal, president of BIONNE, Inc., general partner of **DEL ROSAL INVESTMENT PARTNERS, LTD.**, a Florida limited Partnership, (the "Partnership") who certifies as follows:

1. The total amount of capital contributions of the limited partners to the Partnership is \$ 775,000.00.
2. The limited partners do not anticipate making any additional capital contributions to the Partnership.

This 22 day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

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


Jorge L. Del Rosal

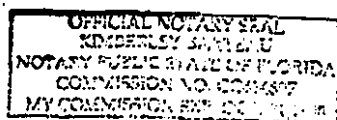
STATE OF FLORIDA)

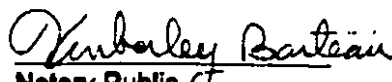
COUNTY OF DADE)

ss.

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Jorge L Del Rosal, President of BIONNE, Inc., General Partner of **DEL ROSAL INVESTMENT PARTNERS, LTD.**, known to me and know by me to be the person who executed the foregoing Instrument, and she acknowledged to me and before me that he executed this Instrument as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 22 day of December, 1995.




Notary Public
State of Florida at Large
My Commission Expires:

173257

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TAX AUDIT NO. H95000014557

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for **DEL ROSAL INVESTMENT PARTNERS, LTD.**, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby state I am familiar with and agree to accept the duties and responsibilities as registered agent for said Partnership and to comply with any and all Florida Statutes relative to the complete and proper performance of the duties of registered agent.

**REGISTERED AGENT: VALDES-FAULI
CORPORATE SERVICES, INC.**

By: 

Mark J. Scheer, Vice-President

FAX AUDIT NO. H95000014557

GUNSTER, YOKLEY, VALDES-FAULI & STEWART
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

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FILED

96 MAY 13 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000002103

1. Name of Limited Partnership
Del Rosal Investment Partners, Ltd.

2. Mailing Address
Two South Biscayne Blvd
3. Principal Office Address
9400 Old Cutler Lane

City, Apt. #, etc.
Suite 3400
Miami, FL
City, State
Coral Gables, FL

Zip
33131
Country
USA
Zip
33156
Country
USA

4. Date Formed or Registered To Do Business in Florida 12/22/95

5. FFI Number applied for

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation Florida

8a. Capital Contributions as Reason
on 775,000.00

8b. Amount of Capital Contributions in
Florida in date:
775,000.00

FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$50.00 and a maximum of \$437.50. For each year due this office.
2.) Supplemental Fee: \$125.75 for each year this fee office, beginning with 1992 calendar year.
3.) Parody Fee: \$250.00 per year for each year entered in 8b. A supplemental document must be submitted along with a separate and appropriate filing fee.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental document must be submitted along with a separate and appropriate filing fee.

10. If changed, new registered agent/office

9. Name and Address of Current Registered Agent

Valdes-Fauli Corporate Services, Inc.
Two South Biscayne Boulevard
Suite 3400
Miami, FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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.

11. 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. Names of General Partner(s)

Bionne, Inc.

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

Two South Biscayne Blvd; Suite 300

City, State and Zip Code

Miami, FL 33131

11a. Registration Document Number

P95000096763(4)

4000001825354
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REINSTATEMENT

96
OR 5-15

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 document 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, receiver or trustee, empowered to execute this report as required by section 620.102, Florida Statutes.

SIGNATURE

Jorge L. Del Rosal, President of Bionne, Inc.
General Partner

DATE

4/29/96

Telephone Number

(305) 376-6094

Typed or Printed Name of General Partner Signing Form

CR2E039 (485)