

A96000000113

OFFICE USE ONLY (Document #)

(407) 367-9111

Charles Stoll

Stoll Financial

(Requestor's Name)

980 N. Federal Hwy, Ste 307

(Address)

Boca Raton, FL 33432

(City, State, Zip)

(Phone #)

200001692332
-01/18/96--01093--003
*****87.50 *****87.50

OFFICE USE ONLY

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

1. Medical Supply Partners, L.P.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ 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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FF. \$52.50
LP. \$35.00

~~196000000547~~
1-16-96 a

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 8, 1996

CHARLES STOLL
STOLL FINANCIAL
980 N. FEDERAL HWY., STE. 307
BOCA RATON, FL 33432

SUBJECT: MEDICAL SUPPLY PARTNERS, L.P.
Ref. Number: W96000000547

We have received your document for MEDICAL SUPPLY PARTNERS, L.P. and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Please return the enclosed check for \$87.50 or a newly issued check with your corrected document.

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: 496A00000864

A96000000113

**CERTIFICATE OF LIMITED PARTNERSHIP
OF THE**

MEDICAL SUPPLY PARTNERS, L.P., LTD.

A Florida Limited Partnership

FILED
96 JAN 16 AM 8:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The parties hereto do hereby certify that an Agreement was made effective the 26th day of December, 1995, at Broward County, Florida by the following, herein called "General Partner(s)":

**JOHN E. BODDEN, Trustee of the MEDICAL SUPPLY
PARTNERSHIP TRUST U/T/D 12/26/95**

and by the following, hereinafter referred to as "Limited Partners":

**JOHN E. BODDEN and VALERIE Y. BODDEN
as Tenants by the Entireties
TARA D. BODDEN
CHELA A. BODDEN
CRAIG G. BODDEN
BRANT A. BODDEN
KRISTAN M. BODDEN**

WITNESSETH:

The parties hereto, on the date described above, formed a Limited Partnership pursuant to the provisions of the Florida Revised Uniformed Limited Partnership Act (1986).

1. **Name.** The name of this Limited Partnership is the **MEDICAL SUPPLY PARTNERS, L. P., LTD.**

2. **Business.** The general character of the Partnership business shall be to buy, hold, and sell securities, and carry on any business that a Partnership without Limited Partners may carry on.

3. **Principal Place of Business.** The location of the principal place of business of the Partnership is 1543 S.E. 12th Court, Deerfield Beach, Florida, 33441. This is also the mailing address.

4. **Registered Agent.** The registered agent for service for this Limited Partnership is RONALD C. WHITE, whose address is 5348 First Avenue North, St. Petersburg, Florida, 33710.

5. **The General Partner(s).** The General Partner(s) of this Limited Partnership and their business address is as follows:

GENERAL PARTNER(s)

JOHN E. BODDEN, Trustee of the
MEDICAL SUPPLY PARTNERSHIP
TRUST U/T/D 12/7/95


BUSINESS ADDRESS

1543 S.E. 12TH COURT
DEERFIELD BEACH, FLORIDA
33441

6. **Term.** The Partnership shall begin on the day this certificate is filed with the Florida Department of State and shall continue until December 31, 2025 unless sooner dissolved by law or by agreement of the parties hereto.

7. **Amount of Capital.** The Limited Partners in the Limited Partnership have made capital contributions as set forth in the Affidavit attached hereto.

GENERAL PARTNERS:


JOHN E. BODDEN, Trustee

96 JAN 16 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2016 JAN 16

STATE OF FLORIDA
COUNTY OF BROWARD

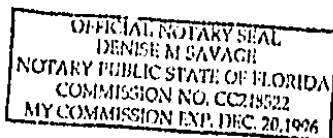
SWORN TO AND SUBSCRIBED before me the undersigned authority, personally appeared **JOHN E. BODDEN**, who is personally known or who has produced a Florida Driver's License and have executed the above instrument for the purposes stated therein.

Dated this 27th day of December, 1995.

My Commission Expires:

NOTARY PUBLIC:

Denise M. Savage
Print: DENISE M. SAVAGE



FILED
95 JAN 16 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF BROWARD)

FILED
95 JAN 16 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BEFORE ME, the undersigned authority, duly authorized to take acknowledgements and administer oaths, personally appeared **JOHN E. BODDEN, Trustee of the MEDICAL SUPPLY PARTNERSHIP TRUST U/T/D 12/47/95**, who after being duly sworn, deposes and states:

1. Affiant is the General Partner of the **MEDICAL SUPPLY PARTNERS, L.P.**, a Florida Limited Partnership. **✓ LTD.**
2. The amount of the capital contribution to the Partnership of the Limited Partners is \$5,000.00.
3. The amount of capital contribution anticipated to be contributed to by the Limited Partners is NONE.

FURTHER AFFIANT SAYETH NAUGHT.


JOHN E. BODDEN, Trustee

STATE OF FLORIDA
COUNTY OF BROWARD

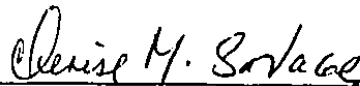
SWORN TO AND SUBSCRIBED before me the undersigned authority, personally appeared **JOHN E. BODDEN**, who is personally known or who has produced a Florida Driver's License and has executed the above instrument for the purposes stated therein.

Dated this 27th day of December, 1995.

OFFICIAL NOTARY SEAL
DENISE M SAVAGE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC245522
MY COMMISSION EXP. DEC. 20, 1996

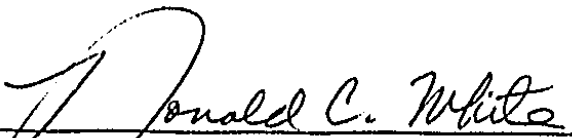
My Commission Expires:

NOTARY PUBLIC


Print: DENISE M. SAVAGE

ACKNOWLEDGEMENT

I HEREBY ACCEPT my appointment as Registered Agent of **MEDICAL SUPPLY PARTNERS, L.P.**, and agree to act as such in accordance with the provisions of Sections 48.091 and 620.192, Florida Statutes, **LTD.**


RONALD C. WHITE
Registered Agent

FILED
96 JAN 16 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA