

A 96000000129

Rutherford, Minerley & Mulhall, P.A.
(Requestor's Name)

100001682091
-01/09/96--01015--005
****456.15 ****456.15

One Crocker Square, Fourth Floor
2600 North Military Trail
Boca Raton, FL 33431-6330
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
96 JAN 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Capname, Ltd.
(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

\$ 423.15 F.P.
35.00 R.A.

W9600000916

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

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

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

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

CM

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 11, 1996

RUTHERFORD, MINERLEY & MULHALL, P.A.
ONE CROCKER SQUARE, FOURTH FLOOR
2600 NORTH MILITARY TRAIL
BOCA RATON, FL 33431-6330

SUBJECT: CAPNAME, LTD.
Ref. Number: W9600000916

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CAPNAME, LTD. and your check(s) totaling \$458.15. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

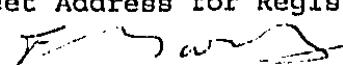
If you have any questions concerning the filing of your document, please call (904) 487-6025.

Cathy A Mitchell
Corporate Specialist

Letter Number: 896A00001519

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CAPNAME, LTD

FILED
95 JUN 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

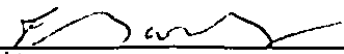
1. CAPNAME, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.," or "Limited Partnership")
2. 3119 Commodore Plaza, Coconut Grove, Florida 33133
(Business Address of Limited Partnership)
3. Frederic M. Barthe, Esq.
(Name of Registered Agent for Service of Process)
4. 2600 N Military Trail, 4th Floor, Boca Raton, Florida 33431
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept as Registered Agent for Service of Process)
6. 3119 Commodore Plaza, Coconut Grove, Florida 33133
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is November 24, 2015.
8.

<u>NAME OF GENERAL PARTNER(S)</u>	<u>SPECIFIC ADDRESS</u>
NO NAME, INC. <u>994000055140</u>	3119 Commodore Plaza Coconut Grove, FL 33133

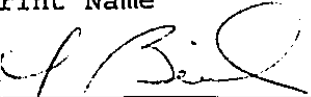
Signed this 14th day of November, 1995.

Signature of all General Partner(s):

NO NAME, INC.


Witness

Frederic M. Barthe
Print Name


Witness

J. H. Barthe
Print Name


JEAN-VINCENT NAUR AIS, President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partner(s) of CAPNAME, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the Limited Partners is \$60,450.00.

The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$60,450.00.

It is not possible to determine an anticipated contribution total at this time, but when contributions are made the partnerships will file affidavits to increase the partnership contributions as needed.

Executed this 29th day of November, 1995.

FURTHER AFFIANT SAYETH NAUGHT.

Under the 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.

NONAME, INC.,
General Partner

[Signature]
Witness

Faded Print Name
Print Name

[Signature]
Witness
NATAGIE B. NICHOU
Print Name

By: [Signature]
JEAN-VINCENT NAURIS,
President

FILED
JAN 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 620.105, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED PARTNERHIP SUBMITS THE FOLLOWING STATEMENT
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

1. The name of the limited partnership is: CAPNAME, LTD.
2. The name and address of the registered agent and office is
Frederic M. Barthe, Esq.
(Name)
2600 N. Military Trail, Fourth Floor
(Address - P.O. Box NOT accepted)
Boca Raton, Florida 33431
(City/state/zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of
process for the above stated limited partnership at the place
designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of
all statutes relating to the proper and complete performance
of my duties and I am familiar with and accept the obligations
of my position as registered agent.

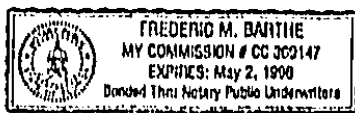


Frederic M. Barthe

01/03/96

(Date)

The foregoing instrument was acknowledged before me this 14th day of November, 1995 by JEAN-VINCENT NAURIS, President of NONAME, INC., who is personally known to me or has produced passport (France) as identification and who did (did not) take an oath.



Frederic M. Barthe
Notary Public

Type or Print Name

My Commission Expires:

J:\WORK\KELLY\CORP\NONAME\AFFIDAVI.CAP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA