

A96000000464

Requestor's Name
215 S. Monroe St. Suite 601
Address
Tel. 12, 01 222-2300
City/State/Zip Phone #

Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR -8 PM 4:25

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

1. ^{MANAGEMENT} Zaza Limited Partnership (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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****140.00 ****140.00

- ☐ Walk in ☐ Pick up time ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

3/8/96
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J. TAX
FILING 1-5522
R. AGENT FEE 35
C. COPY 50
TOTAL 140.00
N. FEE
BALANCE DUE
REFUND

File
and

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3/8/96

CERTIFICATE OF LIMITED PARTNERSHIP

OF

MANAGEMENT
ZAZA LIMITED PARTNERSHIP

REC'D STATE
SECRETARY OF
DIVISION OF
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The undersigned General Partner of the Zaza Limited Partnership, a Florida limited partnership (the "Partnership"), desiring to adopt a certificate of limited partnership of the Zaza Limited Partnership (the "Certificate"), pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986) (the "Act"), hereby certifies as follows:

Management

1. Name: The name of the Partnership is Zaza Limited Partnership.
2. Recordkeeping Office, Principal Place of Business, and Mailing Address:
The Partnership's recordkeeping office, principal place of business and mailing address is 200 South Biscayne Boulevard, Miami, Florida 33131-2398.
3. Initial Registered Agent: The name of the initial registered agent of the Partnership is Victoria L. Weber. The street address of the initial registered agent in the State of Florida is 215 South Monroe Street, Suite 601, Tallahassee, Florida 32301.
4. Name and Address of General Partner: The name and address of the general partner of the Partnership is Zaza Management Company, 200 South Biscayne Boulevard, Suite 4000, Miami, Florida 33131-2398. P4600V021546
5. Term: The term of the Partnership is until December 31, 2045, unless such term is extended under applicable law and the Partnership's limited partnership agreement, or sooner terminated under applicable law and the limited partnership agreement.
6. Affidavit re: Capital Contribution: An affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is attached hereto as Exhibit "A".
7. Controlling Agreement: This Certificate summarizes information regarding the Partnership required under the Act but is qualified entirely by reference to the complete agreement of the partners to be embodied in a limited partnership agreement,

which agreement shall include provisions not summarized in this Certificate and shall be controlling for all purposes.

IN WITNESS WHEREOF, this Certificate has been executed by Victoria L. Weber, as Vice President of Zaza Management Company, a Florida corporation, general partner of the Partnership, this 8th day of March, 1996.

General Partner:

Zaza Management Company
a Florida corporation

By: Victoria L. Weber
Name: Victoria L. Weber
Title: Vice President

State of Florida)
) SS:
County of Leon)

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Victoria L. Weber, Vice President of Zaza Management Company, a Florida corporation, who acknowledged before me that she executed the foregoing Certificate of Limited Partnership on behalf of Zaza Management Company, the general partner of Zaza Limited Partnership. She is personally known to me or has produced Management as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid, this 8th day of March, 1996.

Stephanie D. Coughlin
Notary Public, State of Florida
Print Name: Stephanie D. Coughlin
My commission expires:

[Notary Seal]



STEPHANIE D. COUGHLIN
MY COMMISSION # CC442676 EXPIRES
March 1, 1999
BONDED THRU TROY FAIR INSURANCE, INC

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for Zaza Limited Partnership, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership of the Partnership, I hereby agree to accept service of process for said Partnership and to comply with all statutes relative to the complete and proper performance of the duties of the registered agent.

Victoria L. Weber

Victoria L. Weber, Registered Agent

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EXHIBIT "A"

AFFIDAVIT RE: CAPITAL CONTRIBUTIONS

MANAGEMENT OF
ZAZA LIMITED PARTNERSHIP

COMES NOW, VICTORIA L. WEBER, as Vice President of Zaza Management Company, a Florida corporation, the general partner of the Zaza Limited Partnership (the "Limited Partnership"), who deposes and states as follows: Management

1. The amount of the initial capital contributions of the limited partners of the Limited Partnership is \$2,000.
2. The anticipated amount of the capital contributions of the limited partners of the Limited Partnership is \$2000.
3. Affiant further sayeth naught.

General Partner:

Zaza Management Company

By: Victoria L. Weber
Name: Victoria L. Weber
Title: Vice President

Sworn to and subscribed before me this 25 day of March, 1996 by Victoria L. Weber, as the Vice President of Zaza Management Company, the general partner of Zaza Limited Partnership, who is personally known to me/has produced Management as identification.

(type of identification)

Stephanie D. Coughlin
Notary Public, State of Florida
Print Name: Stephanie D. Coughlin
My commission expires:

[Notary seal]

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STEPHANIE D. COUGHLIN
MY COMMISSION # CC442676 EXPIRES
March 1, 1999
BOWDED THROUGH THE INSURANCE, INC.

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