

1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

906-222-0171
906-222-0172 FAX

A96000000614



ACCOUNT NO. : 0721000000032

REFERENCE : 899147 4390271

200001767282
-04/02/96--01126--014
***1764.33 ***1764.33

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : March 28, 1996

ORDER TIME : 10:53 AM

ORDER NO. : 899147

CUSTOMER NO: 4390271

CUSTOMER: Robert Slatoff, Esq
FROMBERG FROMBERG LEWIS &
BRECKER
20801 Biscayne Blvd. Suite 505
Aventura, FL 33180

OVERPAY 72.47
U. TAX 1604.36
FILING 35.10
R. AGENT FEE 52.50
C. COPY 1764.33
TOTAL
N. BANK
BALANCE DUE
FIND

FILED STATE
SECRETARY OF CORPORATIONS
96 MAR 28 AM 11:52

DOMESTIC FILING

NAME: PLUMS PLAZA LIMITED
PARTNERSHIP

Black please
Use refund application

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Michelle Bailey

EXAMINER'S INITIALS:

RECEIVED
96 MAR 28 PM 12:12
DIVISION OF CORPORATIONS

13/K 3/29/96 12.47 overpayment

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

1. *Name of Limited Partnership.* The name of the Limited Partnership is Plums Plaza Limited Partnership.
2. *Office for Maintenance of Business Records.* The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is Plums Plaza Limited Partnership, 9504 N.W. 38th Street, Coral Springs, Florida 33065.
3. *Agent for Service of Process.* The name and address of the Partnership's agent for service of process in Florida is Corporation Service Company at 1201 Naya Street, Tallahassee, Florida 32301.
4. *General Partners.* The name and business address of each General Partner in the Partnership is as follows:

JOSEPH A. REITANO and HELEN REITANO, as Tenants by the Entireties
9504 N.W. 38th Street
Coral Springs, FL 33065

5. *Address of Partnership.* The mailing address of the Limited Partnership is 9504 N.W. 38th Street, Coral Springs, Florida 33065.
6. *Date of Dissolution.* The latest date on which the Limited Partnership is to dissolve is January 3, 2050.
7. *Effective Date.* This Certificate became effective on the date that the Limited Partnership was formed, August 15, 1995.

Dated: December 8, 1995
Coral Springs, Florida.


JOSEPH A. REITANO, General Partner


HELEN REITANO, General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of Plums Plaza Limited Partnership, declare that the capital contributions of all the Limited Partners in the Partnership are as follows:

The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
JOSEPH A. REITANO	\$229,194.43

Dated: December 8, 1995,
Coral Springs, Florida.

Joseph A. Reitano
JOSEPH A. REITANO, General Partner

Helen Reitano
HELEN REITANO, General Partner

The total anticipated contributions by the Limited Partners is \$229,194.43

STATE OF FLORIDA }
 } SS:
COUNTY OF BROWARD }

The foregoing instrument was acknowledged before me this 8th day of December, 1995, by JOSEPH A. REITANO and HELEN REITANO, who are personally known to me, or produced Debra B. Rose as identification.

Debra B. Rose
SIGNATURE OF PERSON MAKING ACKNOWLEDGMENT

PRINT NAME OF ACKNOWLEDGER

TITLE:

COMMISSION NUMBER 174482

ACCEPTANCE BY REGISTERED AGENT

The undersigned hereby accepts the duties and responsibilities of being the appointed Registered Agent of Plums Plaza Limited Partnership,

Dated this 29th day of March.

Corporation Service Company

Karen B. Rozar
Karen Rozar, As Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:52

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes states in part: "Applications for refunds provided in this section shall be filed with the Comptroller except as otherwise provided within three years after the date the refund shall have accrued; else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: X PLUM'S PLAZA, INC. EIN or SS#: X 65-0661575

Address: X P.O. Box 9358
X CORAL SPRINGS, FL 33065

Amount: \$72.47 Date Paid _____

Reason for claim: OVERPAYMENT ON LIMITED PARTNERSHIP FILING FOR
(3/28/96)
PLUMS PLAZA LIMITED PARTNERSHIP A96000000614
BUCK KOHR REGISTRATION SECTION

Certified true and correct this 22nd day of May, 19 96

Signature: [Signature]
CELIA REITANO, VICE President

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund <u>\$ 72.47</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01126-014</u> dated <u>04/02/96</u>	
Name of Account:	<u>45202130001453000000000010000</u>
Statutory Authority for Collection:	<u>620.0182</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)