

A96000000817

Requestor Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. Armitage Associates Limited  
(Corporation Name) (Document #)

2. Partnership No. 2  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 30 PM 1:52

☒ 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

**#15 OVERPAYMENT**

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

OVERPAYMENT 15.00  
FILING 1750.00  
R. AGENT FEE 35.00  
COPY \_\_\_\_\_  
TOTAL 1800.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
PAID \_\_\_\_\_

OK

Examiner's initials

4/30/96

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
ARMITAGE ASSOCIATES LIMITED PARTNERSHIP NO. 2

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), heroby states:

1. The name of the limited partnership is Armitago Associates Limited Partnership No. 2.

2. The address of the office of the limited partnership is:

520 Brickell Key Drive  
Suite O-305  
Miami, Florida 33131

3. The name and address of the agent for service of process on the limited partnership required to be maintained by Section 620.105, Florida Statutes, is:

Robert M. Haber  
520 Brickell Key Drive  
Suite O-305  
Miami, Florida 33131

4. The name and business address of the sole general partner is:

Armitage Properties, Inc.  
520 Brickell Key Drive  
Suite O-305  
Miami, Florida 33131

p44000057316

5. The mailing address for the limited partnership is:

520 Brickell Key Drive  
Suite O-305  
Miami, Florida 33131

SECRET  
DIVISION 30  
APR 30 PM 1:55  
FBI - MIAMI

6. The latest date upon which the limited partnership is to dissolve is April 30, 2006.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of Armitage Associates Limited Partnership No. 2 on the date set forth below.

Signed, sealed and delivered  
in the presence of:

Kathleen DeLauri  
R. M. H. H.

ARMITAGE PROPERTIES, INC.

By:

Royal R. Faubion  
Royal R. Faubion, President

Executed on April 29, 1996

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Armitage Associates Limited Partnership No. 2, a Florida limited partnership ("Partnorship"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership, to accept the obligations imposed upon me by Fla. Stat. Section 620.192, and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

  
Robert M. Haber

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DIVISION OF CORPORATIONS  
96 APR 30 PM 1:52

STATE OF FLORIDA )  
COUNTY OF DADE )

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

THIS DAY before me, the undersigned officer, personally appeared Royal R. Faubion, President of Armitage Properties, Inc., the sole general partner of Armitage Associates Limited Partnership No. 2, a Florida limited partnership ("Partnership"), and who, being duly sworn, certifies as follows:

1. The amount of capital contributions made to the Partnership by the limited partners is \$25,000.00.

2. The total amount anticipated to be contributed by the limited partners is \$900,000.00.

FURTHER AFFIANT SAYETH NOT.

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

By: *Royal R. Faubion*  
Royal R. Faubion, President  
of Armitage Properties, Inc.

STATE OF FLORIDA )  
COUNTY OF DADE )

The foregoing Certificate and Affidavit were acknowledged before me this 29<sup>th</sup> day of April, 1996 by Royal R. Faubion, President of Armitage Properties, Inc., the sole general partner of and on behalf of Armitage Associates Limited Partnership No. 2, a Florida limited partnership. He is personally known to me or has produced a driver's license as identification and did take an oath.



KATHLEEN DELANEY  
My Commission CC403098  
Expires Aug. 24, 1998  
Bonded by HAI  
800-422-1568

*Kathleen Delaney*  
Notary Public, State of Florida,  
at Large  
Printed Name of Notary: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**A96000000817**

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "An application for refund as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such 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 Armitage Properties Inc EIN or SS#: X 65-0528623

Address: X 345 Ocean Drive  
X Unit 1105, Miami Beach FL 33139

Amount: \$15.00 Date Paid X April 30, 1996

Reason for claim: Overpayment on April 30, 1996 filing

ARMITAGE ASSOCIATES LIMITED PARTNERSHIP  
(A96000000817)  
BUCK KOHR REGISTRATION SECTION

Certified true and correct this 16th day of May  
ARMITAGE PROPERTIES, INC.

Signature [Signature] 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>15.00</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>01082 013</u> , dated <u>05/02/96</u>	
Name of Account	<u>62010182</u>
452021300014530000000000010000	
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)