

A96000000838

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

100001813331
-05/08/96--01086--006
****437.50 ****437.50

OFFICE USE ONLY

446400021333

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

1. Mohammadbhay Partne. ship, Ltd
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 5/2 ☒ 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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

G. TAX _____
FILING 350.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 437.50
N. BANK _____
BALANCE DUE _____
REFUND _____

Examiner's Initials

3/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -2 AM 10:14

96 MAY -2 PM 1:54
DIVISION OF CORPORATIONS

5/2/96

CERTIFICATE OF LIMITED PARTNERSHIP
of
MOHAMMADBHOY PARTNERSHIP, LTD.

SECRET
DIVISION
95 MAY -2 1940
STATIONS

We, the undersigned, desiring to form a partnership, pursuant to the Florida Uniform Limited Partnership Act as set forth in SS 620.01 et seq. of the Florida Statutes, do hereby certify:

1. The name of the firm under which such partnership is to be conducted is **MOHAMMADBHOY PARTNERSHIP, LTD.**

2. The business address of the partnership is 3114 S.E. Montgomery Circle, Arcadia, FL 33821.

3. The character of the business intended to be transacted by the partnership is as follows: Engaging in the business of acquiring, managing and selling real property and in any other related business as may be agreed on by the partners.

4. The name, principal office and address of the registered agent for service of process shall be **FLETCHER BROWN**, 124 North Brevard Avenue, Arcadia, Florida. The mailing address is 124 North Brevard Avenue, Arcadia, Florida 33821.

5. (a) The name and place of residence of each general partner interested in the partnership are as follows:

Name	Place of Residence
LORRAINE MOHAMMADBHOY	3114 S.E. Montgomery Circle Arcadia, FL 33821


(b) The name and place of residence of each limited partner interested in the partnership are as follows:

Name	Place of Residence
LORRAINE MOHAMMADBHOY	3114 S.E. Montgomery Circle Arcadia, FL 33821
ADNAN MOHAMMADBHOY	3114 S.E. Montgomery Circle Arcadia, FL 33821

6. The latest date upon which the Limited Partnership is to be dissolved is April 23, 2006.

IN WITNESS WHEREOF, the undersigned have executed this certificate this 23rd day of April, 1996.


LORRAINE MOHAMMADBHOJ
General Partner


LORRAINE MOHAMMADBHOJ
Limited Partner


ADNAN MOHAMMADBHOJ
Limited Partner

STATE OF FLORIDA
COUNTY OF DESOTO

BEFORE ME, the undersigned authority, personally appeared LORRAINE MOHAMMADBHOJ, known to me to be the person named as a General and Limited Partner and who executed the foregoing Certificate of Limited Partnership and she acknowledged before me that she executed the same for the purposes therein set forth and the contents thereof are true and correct. LORRAINE MOHAMMADBHOJ is personally known to me.



DELL M. ANDERSON
MY COMMISSION # CC311361 EXPIRES
September 27, 1997
BONDED THRU TROY FAY INSURANCE, INC.


Notary Public
State of Florida

My commission expires _____
My commission number _____

STATE OF FLORIDA
COUNTY OF DESO

BEFORE ME, the undersigned authority, personally appeared ADNAN MOHAMMADBHOJ, known to me to be the person named as a Limited Partner and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same for the purposes therein set forth and the contents thereof are true and correct. ADNAN MOHAMMADBHOJ is personally known to me or has produced _____ as identification.



DELL M. ANDERSON
MY COMMISSION # CC311361 EXPIRES
September 27, 1997
BONDED THRU TROY FAY INSURANCE, INC.


Notary Public
State of Florida

My commission expires _____
My commission number _____

ACCEPTANCE OF RESIDENT AGENT

Having been named to accept service of process for the above-stated Limited Partnership at the place designated above, I hereby agree to act in this capacity and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated this 14th day of April, 1996.

Fletcher Brown
FLETCHER BROWN
Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -2 AM 10:14

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DESOTO

FILED STATE
SECRETARY OF
DIVISION OF
96 MAY -2 AM 10:10

BEFORE ME, the undersigned authority, personally appeared
LORRAINE MOHAMMADBHOY, General Partner of MOHAMMADBHOY PARTNERSHIP,
LTD., who is personally known to me and who, after being duly
sworn, deposed and says:

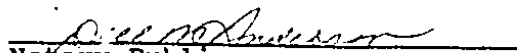
1. That she is the General Partner of MOHAMMADBHOY
PARTNERSHIP, LTD., a Florida limited partnership, and her business
address is 3114 S.E. Montgomery Circle, Arcadia, Florida 33821.

2. That the amount of capital contributions to date of
the limited partners is \$50,000. That the total amount contributed
and anticipated to be contributed by the limited partners at this
time totals \$50,000.

FURTHER AFFIANT SAYETH NOT.


LORRAINE MOHAMMADBHOY
General Partner

Sworn to and subscribed before me this
28th day of April, 1996.


Notary Public



DELL M. ANDERSON
MY COMMISSION # CC311361 EXPIRES
September 27, 1997
BONDED THRU TROY FAIR INSURANCE, INC.