

A96000000864

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

50000
-05/09/96--010757-007
*****87.50 *****87.50
96 MAY 7 PM 1:59
SECTION OF STATE
DIVISION OF CORPORATIONS

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

1. N. Joel And Elaine Ehrenkranz Family Partnership, LP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 1:00 ☐ 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

J. TAX
FILING 52.50
R. AGENT FEE 3.25
C. COPY 87.50
TOTAL
N. BANK
BALANCE DUE

5/7/96
Examiner's Initials h/

CERTIFICATE OF LIMITED PARTNERSHIP

OF

**N. JOEL AND ELAINE EHRENKRANZ FAMILY PARTNERSHIP, LTD.
a Florida limited partnership**

95 JUN - 1 PM 1:59
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Limited Partnership Act (1986), Part I, Chapter 620, Florida Statutes (the "Act"), have entered into an Agreement of Limited Partnership and hereby certify as follows:

1. Name. The name of the limited partnership is as follows: LTD.

N. Joel and Elaine Ehrenkranz Family Partnership, L.P.

2. Address. The street address of the principal place of business and the mailing address for the limited partnership is as follows:

1190 South Alhambra Circle
Coral Gables, Florida 33146

3. Registered Agent. The name and address of (i) the agent for service of process, required to be maintained by Section 620.105 of the Act, and (ii) the registered agent and registered office, required to be maintained by Section 620.192 of the Act, for the limited partnership are as follows:

Intrastate Registered Agent Corporation
c/o Holland & Knight
701 Brickell Ave., Suite 3000
Miami, Florida 33131

4. General Partners. The names and address of the general partners of the limited partnership are as follows:

N. Joel Ehrenkranz and Elaine Ehrenkranz
1190 South Alhambra Circle
Coral Gables, Florida 33146

5. Termination. The latest date upon which the limited partnership is to dissolve is 40 years from the date this document is filed with the State of Florida Secretary of State, unless sooner terminated.

WHEREFORE, this certificate has been executed by the general partners of the limited partnership in accordance with Section 620.114 of the Act on this 3 day of May, 1996.

N. Joel Ehronkranz, general partner

N. Joel Ehronkranz

Elaine Ehronkranz, general partner

Elaine Ehronkranz

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY -7 PM 1:59

MIA3 378030

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, N. Joel Ehrenkranz and Elaine Ehrenkranz who are the general partners of N. Joel and Elaine Ehrenkranz Family Partnership, ~~L.P.~~, a Florida limited partnership (the "Partnership"), certifies as follows: LTD.

The amount of the initial capital contribution of the limited partners of the Partnership and the anticipated amount of capital to be contributed by the limited partners is \$000.00.

This 3rd day of May, 1996.

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

N. JOEL EHRENKRANZ, general partner

[Signature of N. Joel Ehrenkranz]

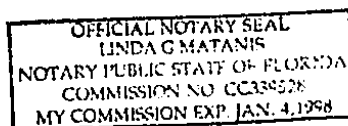
ELAINE EHRENKRANZ, general partner

[Signature of Elaine Ehrenkranz]

STATE OF FLORIDA)
) ss.
COUNTY OF DADE)

The foregoing Certificate was acknowledged before me this 3rd day of May, 1996, by N. Joel Ehrenkranz and Elaine Ehrenkranz. They ~~are personally~~ ~~known to me or~~ have produced Florida driver's as identification and who did ~~(did not)~~ take an oath. licenses

(SEAL)



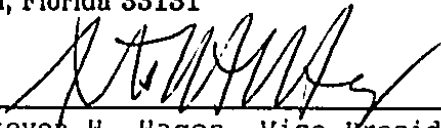
[Signature of Linda G. Matanis]
Printed/Typed Name: Linda G. Matanis
Notary Public-State of Florida
Commission Number:

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT
AND AGENT FOR SERVICE OF PROCESS**

SECRET
DIVISION
95 MAY -7 PM 1:59
FEDERAL BUREAU OF INVESTIGATION

The undersigned, having been designated the Agent for Service of Process pursuant to Section 620.105, Florida Statutes, and Registered Agent, pursuant to Section 620.192, Florida Statutes, of N. Joel and Elaine Ehrenkranz Family LTD. Partnership, ~~L.P.~~, a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (1986), does hereby accept such designation and the obligations provided for in Section 620.105 and 620.192, Florida Statutes.

Intrastate Registered Agent Corporation
c/o Holland & Knight
701 Brickell Ave., Suite 3000
Miami, Florida 33131

By: 
Steven H. Hagen, Vice President

Dated: May 3, 1996

A 96000000864

TODD A. STERZOY
Holland and Knight

(Requestor's Name)	
315 South Calhoun Street	Suite 600
(Address)	
Tallahassee, Florida	32302
(City, State, Zip)	(Phone #)

FILED
95 OCT 22 PM 12:35
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

\$ 770.00 - FF
CM

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

1. N. Joel and Elaine Ehrenkranz Family Partnership, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #) 700001989387--7
-10/29/96--01142--021
4. _____
(Corporation Name) (Document #) ****770.00 ****770.00

- ☒ Walk in ☒ Pick up time 3:30
10-22-96 ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☒ Photocopy w/ data filed ☐ 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 checked="" 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

X Suppl. Affid. of Capital Contributions

RECEIVED
95 OCT 22 AM 10:59
DIVISION OF CORPORATION

Examiner's Initials	
---------------------	--

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of N. Joel and Elaine Ehrenkranz
Partnership, Ltd.

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 110,000.00.

This 19th day of Oct., 19 96.

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

By: N. Joel Ehrenkranz

FL D W-60 E652-630-24.961

By: Elaine Ehrenkranz

FL D W-60 E652-217-30-765

STATE OF FLORIDA
Count 100100 Oct 19, 1996

Fees:
\$7 per \$1000, based on additional
contributions.
Minimum: \$ 52.50
Maximum: \$1750.00

INHSE20(5/95)

OFFICIAL NOTARY SEAL
RENE RANALLO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC317886
MY COMMISSION EXP. SEPT 22, 1997

FLORIDA CONSORTIUM FOR INFECTION CONTROL

N. JOEL EHRENKRANZ, M.D.
DIRECTOR

5901 SOUTHWEST 74 STREET, SUITE 300
SOUTH MIAMI, FLORIDA 33143-5163

TEL (305) 672-0934
FAX (305) 672-0936

A96000000864

March 13, 1997

Secretary of State
Division of Corporations
409 E. Gaines
Tallahassee, FL 32399

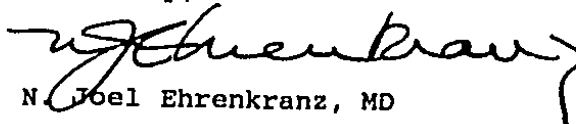
Attention: Amendment Section

Dear Sir,

Please change both the business and mailing addresses of the Florida Consortium For Infection Control and the Ehrenkranz Limited Family Partnership to Holland and Knight Law Offices, PO Box 015441, Miami, FL 33011.

The document numbers are:
Florida Consortium For Infection Control 544802
Ehrenkranz Family Partnership A96000000864

Sincerely,


N. Joel Ehrenkranz, MD

cc: Rosa Ancheta

n-hladkt

SH 3/24