

A960000 01072

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

89617 U0128410
1469 U000184

RECEIVED
96 JUN -5 PM 3:33
FEDERAL BUREAU OF INVESTIGATION

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

1. The Connie Rodriguez Family Limited Partnership #1
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☐ Mail out ☒ Will wait ☐ Photocopy

☒ Certified Copy
☐ Certificate of Status
J. TAX FILING 346.50
R. AGENT FEE 35.00
COPY 52.50
TOTAL 434.00
N. BANK BALANCE DUE

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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP
OF

THE CONNIE RODRIGUEZ FAMILY LIMITED PARTNERSHIP #1

The undersigned, acting as formors of a limited partnership under the Florida Revised Partnership Act, adopt the following certificate for such limited partnership.

1. Name. The name of the Limited Partnership is THE CONNIE RODRIGUEZ FAMILY LIMITED PARTNERSHIP #1.

2. Business. The purpose of the Partnership's business is to own, acquire, sell and lease real and personal property and other investment property of any type, kind or description, to engage in and operate the business, to provide services, merchandise and equipment to the general public, and to do all other things necessary, proper, convenient and advisable in connection therewith. The Partners agree and acknowledge that the assets of the Partnership are vital to the success of the Partnership, are necessary for the Partnership to produce income and profit for the benefit of the Partners, and may not be used to satisfy individual debts of any Partner.

3. Principal Place of Business and Location of Records:
The location of the Principal place of business of the Partnership is 7900 Nova Drive, Suite 200, Davie, Florida 33324 in Broward County, Florida, at which place the records shall be maintained.

4. Registered Agent: The name and address of the registered agent for service for the Limited Partnership is CONNIE RODRIGUEZ, 7900 Nova Drive, Suite 200, Davie, Florida 33324, who acknowledged by her signature hereunder that she accepts same.

5. The General Partnership: The name and business address of the General Partner is as follows:

Med-Psych Healthcare Services, Inc.
7900 Nova Drive, Suite 200
Davie, Florida 33324

895 000033407

6. Mailing Address: The mailing address of the Limited Partnership is 7900 Nova Drive, Suite 201, Davie, Florida 33324.

7. Term: The Partnership shall begin at the time of the filing of the Certificate of Limited Partnership, with the Department of the State and shall liquidate and dissolve on January 31, 2035.

8. Additional Contributions: No additional contribution of the Limited Partners have been agreed upon.

9. Return of Contributions: No Limited Partner shall be entitled to withdraw or demand the return of any part of his or her capital contribution except upon the dissolution of the Partnership.

10. Profits: All annual net profits of the Partnership shall be divided among the General and Limited Partners in the same proportion as the Partners' then capital interest accounts, unless retained for Partnership investment and business activities.

11. Sale or Transfer of Interest in Partnership: A Limited Partner shall not have the right to sell or transfer his or her interest in the Partnership without the prior written consent of the Partners, unless the transfer is a permitted transfer, as explained in the detail by the Partnership Agreement.

12. Additional Limited Partners: The General Partner may not admit additional Limited Partner, without the consent of the other partners.

13. Priority Among Limited Partners: There is no priority of one Limited Partner over another as to the contributions or compensation by way of income.

14. Continuance of Business: Upon death, retirement or insanity of the surviving General Partners, the Partnership shall dissolve unless continued by the remaining Partners and selecting when necessary, by unanimous vote, a new successor General Partner.

15. Property Other than Cash: A Limited Partner may not demand property, other than cash in return for his or her contributions.

16. Amount of Cash and Affidavit of Agreed Value and Description of Property Contributed: The Limited Partners in the Limited Partnership have contributed their interest in the property as set forth in the Affidavit of the Amount of the Capital Contributions of the Limited Partners, and Any Amount Anticipated to be contributed by the Limited Partners attached hereto, with an agreed value of \$50,000.00.

IN WITNESS WHEREOF, the parties have hereunder executed the
Certificate on the 15 day of May, 1996.

GENERAL PARTNER:
MED-PSYCH HEALTHCARE SERVICES, INC.,
a Florida corporation.

Dated: 5/15/96

By: Connie Rodriguez, President
CONNIE RODRIGUEZ, President

BY: Connie Rodriguez, Registered Agent
CONNIE RODRIGUEZ, Registered Agent

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
50 JUN -6 PM 3:33

III CONNIE RODRIGUEZ FAMILY LIMITED PARTNERSHIP #18
"AFFIDAVIT OF THE AMOUNT OF THE CAPITAL DISTRIBUTIONS
OF THE LIMITED PARTNERSHIP, AND ANY AMOUNT
ANTICIPATED TO BE CONTRIBUTED
BY THE LIMITED PARTNERSHIP"

The undersigned presents this Affidavit, given under oath,
to affirm the following:

1. The amount of the capital contributions to date of the
Limited Partnership of the Connie Rodriguez Family limited
Partnership is \$50,000.00
2. The amount contributed and anticipated to be
contributed by the Limited Partners at this time totals
\$49,500.00

MED-PSYCH HEALTHCARE SERVICES,
INC., a Florida corporation.

By: Connie Rodriguez, President
CONNIE RODRIGUEZ, President

Steven Rodriguez, Secretary
Steven Rodriguez, Secretary

Dated: 5/15/96

STATE OF FLORIDA)
COUNTY OF DADE) SS

The foregoing instrument was acknowledged before me this 15th
day of May 1996, by CONNIE RODRIGUEZ, as President of
MED-PSYCH HEALTH CARE SERVICES, INC., a Florida corporation, who
is personally known to be, or if not, produced the following form
of identification: Personally Known.

Christian Diaz
Notary Public, State of Florida

My Commission expires:
Commission Number:

OFFICIAL NOTARY SEAL
CHRISTIAN DIAZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC304725
MY COMMISSION EXP. AUG. 2, 1997