

# A96000001646

## ENGLISH, McCAUGHAN & O'BRYAN, P.A.

100 NORTHEAST THIRD AVENUE, SUITE 1100  
FORT LAUDERDALE, FLORIDA 33301-1146

MAILING ADDRESS:  
P.O. BOX 14088

FORT LAUDERDALE, FLORIDA 33302-4088

TELEPHONE (954) 462-3300  
FROM MIAMI (305) 947-1052  
FACSIMILE (954) 763-2439

FILED

96 AUG 30 PM 12:01

BOCA RATON OFFICE  
401 SOUTH EAST FIFTH STREET  
SUITE 405  
BOCA RATON, FLORIDA 33432-6060

TELEPHONE (407) 391-8889  
FACSIMILE (407) 391-9944

August 29, 1996

### VIA FEDERAL EXPRESS

State of Florida  
Division of Corporations  
Limited Partnership Section  
409 East Gain Street  
Tallahassee, Florida 32399

100001936811  
-08/30/96--01053--004  
\*\*\*\*140.00 \*\*\*\*140.00

Re: **Commen, LTD.**

Dear Sir or Madam:

Enclosed for filing with your office, please find, in duplicate original, a Certificate of Limited Partnership, Acceptance of Designation as Registered Agent and Affidavit of Capital Contributions for Commen, Ltd.

You will also find enclosed a check in the amount of \$140.00 to cover the following fees:

Filing Fee	\$52.50
Registered Agent Designation	\$35.00
Certified Copy	\$52.50

If the enclosed documents meet with your approval, please file same and return the Certified Copy in the self-addressed envelope provided.

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned.

Very truly yours,

*Patrice A. Hunter*  
Patrice A. Hunter  
Corporate Paralegal

/pah  
Enclosures (check)

cc: **Marshall J. Emas, Esq.**

Name	
Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
Acting Agent	KWM
W. P. Verifier	KWM

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CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
COMMEN, LTD.

FILED  
96 AUG 30 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 620.108, Florida Statutes, the undersigned persons desiring to form a limited partnership, do hereby swear and affirm as follows:

1. The name of the Limited Partnership is COMMEN, LTD..
2. The office of the Limited Partnership is located at 5901 S.W. 74 Street, Suite 407, South Miami, FL 33143 and the name and address of the agent for service of process is EMO Corporate Services, Inc., 100 N.E. 3 Avenue, Suite 1100, Fort Lauderdale, FL 33301.
3. The name and business address of the General Partner is:  
  
Commnen, Inc. - 896000057476  
5901 S.W. 74 Street  
Suite 407  
South Miami, FL 33143
4. The mailing address of the Limited Partnership is 5901 S.W. 74 Street, Suite 407, South Miami, FL 33143.
5. The latest date upon which the Limited Partnership is to dissolve is thirty (30) years from the date of the recording of this Certificate.

IN WITNESS WHEREOF, the parties have executed this Certificate as of  
8/26/96, 1996.

COMMEN, INC.,  
GENERAL PARTNER

By:   
GARY A. BROWN, PRESIDENT

**ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT**

I hereby accept the appointment as the initial Registered Agent of COMMEN, LTD, as made in the foregoing Certificate of Limited Partnership.

EMO CORPORATE SERVICES, INC.

Date: August 26, 1996

By: Patrice A. Hunter  
PATRICE A. HUNTER, Assistant  
Secretary

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared GARY A. BROWN, PRESIDENT of COMMEN, INC., constituting all the General Partners of COMMEN, LTD., a Florida limited Partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certified as follows:

1. The amount of capital contributions of the Limited Partners is \$500.00
2. The anticipated amount of capital to be contributed is \$500.00. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$500.00

This 26 day of August, 1996.

FURTHER AFFIANT SAYETH NOT.

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

GENERAL PARTNER

COMMEN, INC.

By: GARY A. BROWN, PRESIDENT

STATE OF FLORIDA  
COUNTY OF DADE  
DATE 8/26/96

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared GARY A. BROWN of COMMEN, INC., General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he/she/they acknowledged to me and before me that he/she/they executed this Affidavit as PRESIDENT of the General Partner of said Limited Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 26 day of August, 1996

Deanne J. Smith  
NOTARY PUBLIC

My Commission Expires:

01/28/97 14:39 FAX 354 783 439

ENGLISH MCCAUGHAN

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1/28

FLORIDA DIVISION OF CORPORATIONS  
TELEPHONE 354 783 439  
FACSIMILE 354 783 439

06 PM

**A9600001646**  
(((H97000001584 6)))

TO: DIVISION OF CORPORATIONS  
FROM: ENGLISH, MCCAUGHAN & O'BRYAN, P.A.  
CONTACT: DEBRA H CHRYSTIE  
PHONE: (305)462-3300

FAX #: (904)922-4000

ACCT#: 076067004147

FAX #: (305)763-2439

NAME: COMMEN, LTD.  
AUDIT NUMBER.....H97000001584  
DOC TYPE.....LIMITED PARTNERSHIP AMENDMENT  
CERT. OF STATUS..0 PAGES..... 1  
CERT. COPIES.....1 DEL.METHOD.. FAX  
EST.CHARGE.. \$105.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER <CR> TO RETURN TO THE DOCUMENT LIST, ENTER 'M' FOR MENU \*

ENTER SELECTION AND <CR>:

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TALLAHASSEE, FLORIDA

A96-1646

Name	Debra H. Chrystie
Availability	
Document	Debra H. Chrystie
Examiner	
Updater	Debra H. Chrystie
Updater	Debra H. Chrystie
Verifier	
Acknowledgment	
W. P. Verifier	Debra H. Chrystie

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97 JAN 28 PM 2:57

DIVISION OF CORPORATIONS

01/28/97 TUE 14:40 FAX 904 783 2439

ENGLISH McCAUGHAN

0002

004-922-3708

01/28/97 14:34 Fl. Dept. of State 01 /1



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

January 28, 1997

COCKEN, LTD.  
5901 S.W. 74 STREET, STE. 407  
SOUTH MIAMI, FL 33143

SUBJECT: COCKEN, LTD.  
REF: A86000001646

FILED  
97 JAN 28 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and resubmit the complete document, including the electronic filing cover sheet.

You have the partnerships name listed as "COCKEN, INC." in the first paragraph of the supplemental affidavit, this must be correct to the correct name which is "COCKEN, LTD."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey  
Corporate Specialist Supervisor

FAX Aud. #: H97000001584  
Letter Number: 197A00004310

FAX AUDIT NO. H97000001584

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

FILED  
97 JAN 28 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, constituting all of the general partners of COMMEN, LTD., a Florida Limited Partnership, hereinafter referred to as the "Partnership", executed this Supplemental Affidavit pursuant to Section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners to date is \$100.00.

**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

COMMEN, INC.

By:   
Gary Brown, President

PREPARED BY: Marshall J. Ennis  
100 Northeast Third Avenue, Suite 1100  
Fort Lauderdale, FL 33301  
(954) 462-3300  
Florida Bar No. 282073

FAX AUDIT NO. H97000001584