

A96000001997
FILING, INC. TERESA R. DUNN

(Registrant's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT 28 PM 1:14

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

1. AMTS Associates, Ltd
(Corporation Name)

(Document #)

000001992815--4

-10/31/96--01087--023

****119.00 ****119.00

2. _____
(Corporation Name)

(Document #)

500001992815--4

-10/31/96--01087--023

****119.00 ****119.00

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time 2:00

☐ 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

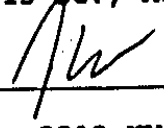
REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
96 OCT 28 AM 11:13
DIVISION OF CORPORATIONS

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
AMTS ASSOCIATES, LTD.**

FILED STATE
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\$5 OCT 28 PM 1:15

1. Name of Limited Partnership: **AMTS ASSOCIATES, LTD.**
2. Business Address: **2812 NW 35th St., Miami, Fla. 33142**
3. Name of Registered Agent For Service of Process: **Jacob Fishman**
4. Address of Registered Agent: **1385 NW 15 St., Miami, Fla. 33125**
5. Acceptance of Registered Agent: 
6. Mailing Address of Limited Partnership: **2812 NW 35th St., Miami, Fla. 33142**
7. The latest date upon which the Limited Partnership is to be dissolved: **December 31, 2020**
8. Name/Address of General Partner: **AMTS Management, Inc. 2812 NW 35th St., Miami, Fla. 33142**

P96-000052867

Executed this 24 day of October, 1996.

AMTS MANAGEMENT, INC.,
General Partner

by: 
President

LP01

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

TO

AMTS ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 28 PM 1:15

The undersigned, constituting all of the general partners of AMTS ASSOCIATES, LTD., a Florida Limited Partnership, certifies:

1. The amount of capital contributions to date of the limited partners is \$-0-.

2. The amount contributed and anticipated to be contributed by the limited partners at this time totals \$12,000.00.

FURTHER AFFIANT SAYETH NOT

Under Penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

AMTS MANAGEMENT, INC.,
General Partner

by: *[Signature]*
Ilya Palinsky, President

SWORN TO AND SUBSCRIBED before me this 24 day of
October, 1996.

[Signature]
Notary Public
State of Florida
Printed Name: _____
Comm. No.: _____



JACOB FISHMAN
MY COMMISSION # CC373080 EXPIRES
JULY 2, 1998
BONDED THRU TROY FAIR INSURANCE, INC.