600003385 MOTO W. Federal Hwy Address 600001983106--8 -10/22/96--01132--002 ****259.00 ****259.00 Bosa Robon, FL 33487 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) #####35.00 #####35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Will wait Mail out Photocopy Certificate of Status NANGTHINGS: AMENDMENTS E Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent **Limited Liability** O. TAX. Dissolution/Withdrawal **Domestication** Merger Name Wasia REGISTRATION/ COMPANIE GS **COUALIFICATION** Dodimen Annual Reposto LALAHCE DUE Foreign Fictitious Name Limited Partnership Name Reservation 31,000 Reinstatement Verliyer Trademark -Actinowledgement DUU Other W. P. Verifyer

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Examiner's Initials

E886600009500

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 23, 1996

LANCE PELISSIER 6070 N FEDERAL HIGHWAY BOCA RATON, FL 33467

SUBJECT: ALPINE PARTNERS LTD. II Ref. Number: W96000022582

We have received your document for ALPINE PARTNERS LTD. II and your check(s) totaling \$259.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.114, Florida Statutes, requires the original certificate of limited partnership, an affidavit, a certificate of cancellation, or supplemental affidavit to be signed by all of the general partners.

You failed to include the registered agents designation fee of \$35.00.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 396A00048971

CERTIFICATE OF FORMATION OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership under and pursuant to the Florida Revised Uniform Limited Partnership Act (1986) (constituting \$\$620.101 et seq.) and other applicable laws of the State of Florida, hereby certify as follows:

- Name of Limited Partnership. The name under which this Limited Partnership will operate and conduct its business is Alpine Partners Ltd. II
- 2. Office for Maintenance of Business Records. The address of the office at which the official records of the Limited Partnership shall be kept, as required by \$620.106, Florida Statutes, is 6070 North Federal Highway, Boca Raton, Fla 33487
- 3. Agent for Service of Process. The name and address of the Limited Partnership's registered office and agent to accept service of process in the State of Florida is:

FMALL R. BRADY 370 Camino Gardens Blod., 3rd Floor Boca Raton, FL 35432

Names and Addresses of General Partner. The name and business address of each general partner of the Limited Partner ship is as follows:

Business Address Name

Lance Pelissier

6070 North Federal Highway, Boca

Hanna Pelissier

Raton, Fla. 33487 6070 North Federal Highway, Boca Raton,Fla.33487

5. Mailing Address of Partnership. The mailing address and registered office of the Limited Partnership is:

> 6070 North Federal Highway, Boca Raton, Fla. 33487

- 6. Date of Dissolution. The latest date on which the Limited Partnership is to dissolve is December 1, 2025
- 7. Effective Date. This certificate will become effective, and the Limited Partnership will be formed, on the date of filing of this Certificate with the Secretary of State.

IN WITNESS WHEREOF, the undersigned general partner of the Limited Partnership has hereunto set his hand this 18 day of October , 1996.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the general partners of Alpine Partners Ltd. II, LTD. (hereinafter referred to as the "Limited Partnership"), hereby declare that the capital contributions of all limited partners and general partners of the Limited Partnership are as follows:

1. Contributions of General Partners. The general partners of the Limited Partnership have made capital contributions in the form of either cash, tangible or intangible personal property, or real property in the following amounts:

It is anticipated that the general partners listed below will make additional capital contributions, in the form of either cash, tangible or intangible personal property, or real property, in the following amounts:

2. Contributions of Limited Partners. The limited partners have made capital contributions to the Limited Partnership, in the form of either cash, tangible or intangible personal property of real property, in the following amounts: \$37,000.

It is anticipated that the limited partners listed below will-maked additional capital contributions to the Limited Partnership in the future in the following amounts:

IN WITNESS WHEREOF, the undersigned has hereunto set his hand in the name and on behalf of Alpine Pertners Led. II.

Ltd. this 18/4 day of April, 1996.

ALPINE PARTNERS LTD. II

By Conce Pelissie

STATE OF FLORIDA)
COUNTY OF PALM DECA :ss:

Sworn and subscribed to by Lance Pelissier , who

STATE OF FLORIDA DEPARTMENT OF STATE

Certificate Designating Registered Office or Domicile for the Service of Process Within This State and Naming Agent Upon Whom Process May be Served.

FRANK R. BRADY

The following is submitted in compliance with \$620.105, Florida Statutes:

Alpine Partners Ltd. II , LTD. is a limited partnership organized under the laws of the State of Florida, with its registered office located at 370 CAMINO GARDENS AID. 300 FIA

Boca Raton, Fla. 33432 , and has named FRAM R.

BRAD as its registered agent to accept service of process within this State at the office specified in his acceptance below.

General Partner Wish's ACCEPTANCE:

CRETARY OF STATES OF CORPORATE CORPO

I hereby agree, as Registered Agent for Alpine Hirongs The Time of to accept Service of Process; to keep my office at 370 Camino Garden Bld. 3rd Flow. Doca Relon Fl 3333 open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service or process at the Florida designated address) in some conspicuous place in said office as required by law.

Registered Agent

did (or did not () tal acknowledged to me that I	ke an oath or make a he is the general p Ltd. and that he	did sign the foregoing
[notary seal]	•	Frank R. Bust
Personally known to notary OR produc	Commissioned Name: Commission Number:	MY COMMISSION / COMMISSION COPYES COMMISSION / COMMISSION COPYES COMMISSION / COMMISSION COPYES COMMISSION THEY THEY MAN DESIGNED, SC.
Type of identification produced: FL		