

A970000 2264

TEL - (813) 536-5001

SUITE 214
CLEARWATER, FL 34622

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October 14, 1997

Certified Mail #Z361 165 244

State of Florida
Department of State
Limited Partnership Division
P.O. Box 6327
Tallahassee, FL 32314

RE: Zuccolo Enterprises, Ltd.

600002324976--0
-10/20/97--01173--001
***1837.50 ***1837.50

Dear Person:

Enclosed please find the original and a copy of the Certificate of Limited Partnership, Acceptance of Appointment as Registered Agent, and Affidavit of Capital Contributions for the above-referenced entity and our check in the amount of \$1,837.50 to cover the following:

✓	Filing Fee	\$1,750.00
✓	Certified Copy Fee	52.50
✓	Registered Agent Fee	35.00

We would appreciate your filing the Certificate, certifying same and returning it to us.

Sincerely yours,



Joseph C. Skalski, Esquire

JCS/pz

Enclosures

A97-2264

Name	10-21
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgment	
W. P. Verifier	

**CERTIFICATE OF LIMITED PARTNERSHIP OF
ZUCCOLO ENTERPRISES, LTD.
a Florida limited partnership**

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is **ZUCCOLO ENTERPRISES, LTD.**
2. The address of the office of the Partnership is 7108 Pelican Island Drive, Tampa, FL 33634.
3. The name and address of the agent for service of process on the Partnership are **LARRY ZUCCOLO**, 7108 Pelican Island Drive, Tampa, FL 33634.
4. The name and business address of the sole general partner are **LARRY ZUCCOLO ENTERPRISES, INC.**, 7108 Pelican Island Drive, Tampa, FL 33634. *P97-87947*
5. The mailing address of the Partnership is 7108 Pelican Island Drive, Tampa, FL 33634.
6. The latest date upon which the Partnership shall dissolve is **January 1, 2035.**

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of **ZUCCOLO ENTERPRISES, LTD.** this 10th day of OCTOBER, 1997.

**GENERAL PARTNER:
LARRY ZUCCOLO ENTERPRISES, INC.**

By: 
LARRY ZUCCOLO, President

FILED
97 OCT 20 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared by/return to:
Joseph C. Skalski, Esquire
4500 - 140th Ave. N., Ste. 214
Clearwater, FL 33762
(813) 536-5001
FL BAR NO: 0802085

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for **ZUCCOLO ENTERPRISES, LTD.**, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:


LARRY ZUCCOLO

FILED

97 OCT 20 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

**STATE OF FLORIDA
COUNTY OF PINELLAS**

BEFORE ME, the undersigned authority, personally appeared **LARRY ZUCCOLO, President** of **LARRY ZUCCOLO ENTERPRISES, INC.**, the sole general partner of **ZUCCOLO ENTERPRISES, LTD.** (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, Four Hundred Thousand and No/100 (\$400,000) Dollars.
2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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.

**STATE OF FLORIDA
COUNTY OF PINELLAS**

Willsborough

[Signature]
LARRY ZUCCOLO, Applicant *FL drivers license*
personally appeared 2240-536-49-450-0

Sworn to (or affirmed) and subscribed before me this 10 day of October, 1997,
by **LARRY ZUCCOLO**, who is personally known to me or who has produced a valid driver's license as
identification and who did (did not) take an oath.



[Signature]
NOTARY PUBLIC, State of Florida
My Commission Expires:

Prepared by/return to:

Joseph C. Skalski, Esquire
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Clearwater, FL 33762
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