

NOV. 17 97 (MON) 11:09

STUZIN & CAMNER

TEL: 3054422389

P. 001

11/14/

FLORIDA DIVISION OF CORPORATIONS

TELEPHONE CALLING CARD SHEET

((H97000019050 8))

A9700002488

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4000

FROM: STUZIN AND CAMNER, P.A.

ACCT#: 075410001634

CONTACT: TAMMY KELLY

PHONE: (305) 442-4994

FAX #: (305) 442-2389

NAME: HYPOLUXO COVE LIMITED PARTNERSHIP

AUDIT NUMBER.....H97000019050

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS...1

PAGES..... 4

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$148.75

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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W. P. Verifier	

Audit No. H97000019050 8

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
HYPOLUXO COVE**

1. Name of Partnership. The name of the limited partnership is: **HYPOLUXO COVE LIMITED PARTNERSHIP.**
2. Business Address of Limited Partnership. The business address for the Limited Partnership is: **115 N.W. 167th Street, Suite 300, North Miami Beach, Florida 33169.**
3. Name and Address of Registered Agent for Service of Process. The Registered Agent for Service of Process is **ROBERTO KASSIN, 115 N.W. 167th Street, Suite 300, North Miami Beach, Florida 33169.**
4. Name and Address of General Partner. The name and address of the general partner is:

**HYPO, INC. *pg 7-97691* 115 N.W. 167th Street, Suite 300
North Miami Beach, Florida 33169**
5. Mailing Address of Limited Partnership. The mailing address for the Limited Partnership is: **115 N.W. 167th Street, Suite 300, North Miami Beach, Florida 33169.**
6. The latest date upon which the Limited Partnership shall dissolve is: **December 31, 2020.**
7. **I, ROBERTO KASSIN, having been named Registered Agent and to accept service of process for HYPOLUXO COVE LIMITED PARTNERSHIP, hereby accept the appointment as Registered Agent and agree to act in this capacity.**
8. This Certificate shall be effective upon the date of filing with the Department of State of the State of Florida.


ROBERTO KASSIN

This Instrument was prepared by:
MARC LIPSITZ, Esquire
Florida Bar No. 104960
Stuzin and Camner, P.A.
550 Biltmore Way, Suite 700
Coral Gables, Florida 33134
(305) 442-4994

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Under the penalties of perjury, we declare that we have read the foregoing and know the contents thereof and that the facts stated herein are true and correct, and acknowledge that the same is being filed in accordance with Florida Statutes §620.108.

Witnesses:

General Partners:
HYPO, INC.

Print Name: MARC L. LYNCH

Print Name: DARA GASUL

By:

Name: Roberto Kassin
Title: President

STATE OF FLORIDA
COUNTY OF Dade

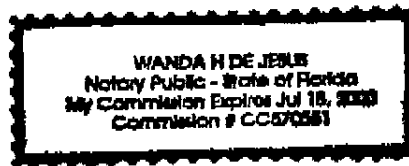
Sworn to and subscribed before me this 14th day of November, 1997, by Roberto Kassin, as President of HYPO, INC., a Florida corporation, as general partner of HYPOLUXO COVE LIMITED PARTNERSHIP, a Florida limited partnership, on behalf of the corporation and partnership. He/She is (☒) personally known to me or () has produced _____ as identification.

My Commission Expires:

Notary Public - State of Florida

Print Name: Wanda H de Jesus

Commission No.: _____



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

Pursuant to Fla. Stat. §620.108, the undersigned, constituting the general partner of HYPOLUXO COVE, a Florida Limited Partnership, states:

1. The amount of capital contributions to date of the limited partner is \$7,500.00.
2. The total amount contributed and anticipated to be contributed by the limited partner at this time is \$7,500.00.

FURTHER AFFIANT SAYETH NOT:

Under the 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.

HYPO, INC.

By:

Name:

Title:

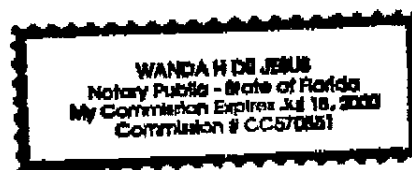
STATE OF FLORIDA)
COUNTY OF Dade)

Sworn to and subscribed before me this 14th day of November, 1997, by Roberto Kasson, as President of HYPO, INC., a Florida corporation, as general partner of HYPOLUXO COVE LIMITED PARTNERSHIP, a Florida limited partnership, on behalf of the corporation and partnership. He/she is (☒) personally known to me or (☐) has produced _____ as identification.

My Commission Expires:

Wanda H. de Jesus
NOTARY PUBLIC - State of Florida
Print Name: Wanda H de Jesus
Commission No: _____

This Instrument was prepared by:
MARC LIPSITZ, Esquire
Florida Bar No. 104960
Stuzin and Camner, P.A.
550 Biltmore Way, Suite 700
Coral Gables, Florida 33134
(305) 442-4994



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