

# A97000002941

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 31 PM 1:38

Requestor's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Phone #  
\_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Cirotti Family Limited Partnership  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

100002387161--8  
-12/31/97--01045--019  
\*\*\*\*\*87.50 \*\*\*\*\*52.50

8750

- ☒ Walk in ☐ Pick up time ☐ 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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A97-2941  
Name Availability OK  
Document Examiner OK  
Updater OK  
Updater Verifier OK  
Acknowledgement OK  
W. P. Verifier OK

Examiner's Initials

RECEIVED  
97 DEC 31 PM 12:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LP-87.50

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
CIROTTI FAMILY LIMITED PARTNERSHIP**

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DIVISION OF CORPORATIONS  
97 DEC 31 PM 3:38

WHEREAS, the undersigned, desires to form a limited partnership (to be known as "**CIROTTI FAMILY LIMITED PARTNERSHIP**") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be **CIROTTI FAMILY LIMITED PARTNERSHIP**.

2. Office and Agent for Service of Process: The recordkeeping office for the Partnership shall be 35 N. Parramore Avenue, Orlando, FL 32805. The agent for the service of process is J. Gregory Humphries and his address is 20 N. Orange Ave., Suite 1000, Orlando, Florida 32801-4626. The Partnership may change its recordkeeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Name and Business Address of General Partner: The name and address of the General Partner is as follows:

Louis Cirotti  
35 N. Parramore Ave.  
Orlando, FL 32805

4. Mailing Address: The mailing address for the Partnership shall be 35 N. Parramore Avenue, Orlando, FL 32805, attention Louis Cirotti.

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2047, unless earlier terminated in accordance with the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed my signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

GENERAL PARTNER:

*S. B. Stoltz*  
Christine Ghona

*Louis Cirotti*  
Louis Cirotti

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DIVISION OF CORPORATIONS  
97 DEC 31 PM 1:38

STATE OF ~~FLORIDA~~ NEW JERSEY  
COUNTY OF ~~ORANGE~~ MIDDLESEX

The foregoing instrument was acknowledged before me this 29 day of December, 1997, by Louis Cirotti, a General Partner of the Partnership and one of the persons described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced FLA DRIVES LIC as identification and who did (did not) take an oath.

C630-520 25-138-0

*Tracy A. Colapietro*  
(Signature)  
TRACY COLAPIETRO  
(Printed name)

NOTARY PUBLIC - STATE OF ~~FLORIDA~~ NEW JERSEY  
SERIAL NO.: TRACY A. COLAPIETRO  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Feb. 28, 2001

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: *J. Gregory Humphries*  
J. Gregory Humphries

Date: 12/30/97

**AFFIDAVIT**

STATE OF ~~FLORIDA~~ NEW JERSEY  
COUNTY OF ~~ORANGE~~ MIDDLESEX

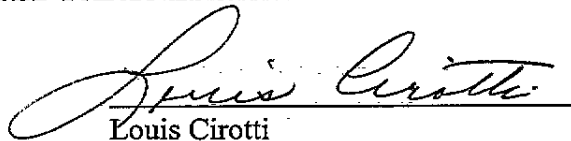
The undersigned, being first duly sworn, deposes and says that:

1. He is the General Partner of **CIROTTI FAMILY LIMITED PARTNERSHIP.**

2. Capital contributions in the amount of \$1,000.00 have been made by the Partners of said Partnership.

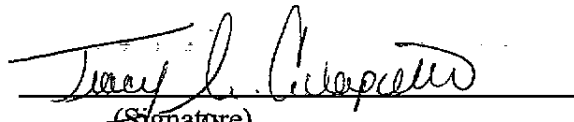
3. Capital contributions in the amount of \$0.00 are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of **CIROTTI FAMILY LIMITED PARTNERSHIP.**

  
Louis Cirrotti

STATE OF ~~FLORIDA~~ NEW JERSEY  
COUNTY OF ~~ORANGE~~ MIDDLESEX

The foregoing instrument was acknowledged before me this 29 day of December, 1997, by Louis Cirrotti, a General Partner of **CIROTTI FAMILY LIMITED PARTNERSHIP, LTD.,** who is personally known to me or who has produced Fla Drivers Lic. as identification and who did (did not) take an oath. C 630-520-25-138-0

  
(Signature)  
Tracy A. Colapietro  
(Printed name)

NOTARY PUBLIC - STATE OF ~~FLORIDA~~ New Jersey  
SERIAL NO.:

**TRACY A. COLAPIETRO**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Feb. 28, 2001