

ACCOUNT NO. : 072100000032

REFERENCE: 815613 81505A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: May 12, 1998

ORDER TIME: 10:39 AM

ORDER NO. : 815613-005 ...

CUSTOMER NO: 81505A

CUSTOMER: Sam Reiber, Esq

LINSKY & REIBER

Suite 200

601 East Twigg Street

Tampa, FL 33602

NAME:

THE TRZCINSKI FAMILY LIMITED

PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

XX \_\_\_ CERTIFICATE OF LIMITED PARTNERSHI

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:

300002520763--7 -05/12/98--01082--002 \*\*\*\*210.00 \*\*\*\*210.00



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 12, 1998

ANDREW CUMPER CSC NETWORKS TALLAHASSEE, FL RESUBMIT

Please give original submission date as file date.

SUBJECT: THE TRZCINSKI FAMILY LIMITED PARTNERSHIP

Ref. Number: W98000010791

We have received your document for THE TRZCINSKI FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$245.00 fee.

The CERTIFICATE must clearly state two addresses -- the partnership's PRINCIPAL ADDRESS and the partnership's MAILING ADDRESS.

There is a section in the present document that is titled "INITIAL PRINCIPAL ADDRESS", but under it, there is only a MAILING ADDRESS listed. You could just add a sentence stating "THIS IS ALSO THE STREET ADDRESS OF THE PARTNERSHIP'S PRINCIPAL OFFICE."

The AFFIDAVIT is required to state two amounts. It already states the INITIAL CONTRIBUTION AMOUNTS OF THE LIMITED PARTNERS. But it must also state the AMOUNT OF TOTAL ANTICIPATED LIMITED PARTNER CONTRIBUTIONS.

You could either add a sentence stating this amount, or if the total anticipated amount is the \$30,000.00 the partnership already had, you could add a sentence stating, "NO ADDITIONAL LIMITED PARTNER CONTRIBUTIONS ARE ANTICPATED."

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 (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 698A00026301

# CERTIFICATE OF LIMITED PARTNERSHIP of THE TRZCINSKI FAMILY LIMITED PARTNERSHIP

The following Certificate of Limited Partnership is being executed for the purpose of forming a limited partnership under the provisions of the laws and statutes of the State of Florida:

## **NAME**

The name of the limited partnership is:

#### THE TRZCINSKI FAMILY LIMITED PARTNERSHIP

#### INITIAL REGISTERED AGENT

The street address of the initial registered agent of the limited partnership is 601 East Twiggs Street, Suite 200, Tampa, Florida 33602. The name of the initial registered agent of the limited partnership at that address is SAM I. REIBER.

# NAME AND ADDRESS OF GENERAL PARTNER

The initial general partner of the limited partnership is RICHARD L. TRZCINSKI. The business address of the initial general partner is 9261 Lazy Lane, Tampa, Florida 33614.

### INITIAL PRINCIPAL ADDRESS

The initial mailing address of the limited partnership is 9261 Lazy Lane, Tampa, Florida 33614. This is also the street address of the partnership's principle office.

#### TERM

The latest date of dissolution of the limited partnership is twenty (20) years after the death of RICHARD L. TRZCINSKI.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of

Limited Partnership this // day of \_\_\_\_\_\_, 1998.

RICHARD L. VIZCINSKI

# STATE OF FLORIDA COUNTY OF HILLSBOROUGH

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared, RICHARD L. TRZCINSKI, to me personally known to be the person described in and who executed the foregoing Certificate of Limited Partnership.

WITNESS MY HAND and official seal at Tampa, Hillsborough County, Florida this

My Commission Expires!

BRENDA L. BURGESS Notary Public, State of Florida My Commission Expires August 4, 2001 Commission # CC668972 Notary Public, State of Florida

OR MAY 14 PM 12: 59

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, personally appeared, RICHARD L.

TRZCINSKI, who, after being duly sworn, deposes and says:

- 1. Affiant is the General Partner in fact for the TRZCINSKI FAMILY LIMITED PARTNERSHIP.
  - 2. The initial capital contribution of the limited partners is as follows:

\$30,000.00

The Anticipated amount of contributions is \$0.00.

The total anticipated and capital contribution is \$30,000.

By: Kick J. J. V.
RICHARD L. TRZCINSKI

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared, RICHARD L. TRZCINSKI, to me personally known to be the person described in and who executed the foregoing Certificate of Limited Partnership.

WITNESS MY HAND and official seal at Tampa, Hillsborough County, Florida this

day of

ر 199<u>**8**</u>.

My Commission Expires!

Notary Public, State of Florida

BRENDA L. BURGESS Notary Public, State of Florida My Commission Expires August 4, 2001 Commission # CC868972