

**CORPORATE
ACCESS,
INC.**

116-1 Thomasville Road, Mount Vernon Square, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 Fax (904) 222-1666

A98000001571

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6/26/98

(Handwritten initials)

☒ **CERTIFIED COPY**

☐ **CUS**

☐ **PHOTO COPY**

☒ **FILING**

1.) Goodman Family Limited Partnership
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS

LP-35.00

Name
Availability
Document Examiner
Updater
Updater Verifier
Acknowledgement
W. P. Verifier

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 26, 1998

CORPORATE ACCESS, INC.

SUBJECT: GOODMAN FAMILY LIMITED PARTNERSHIP
Ref. Number: W98000014741

We have received your document for GOODMAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1802.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 598A00035159

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
GOODMAN FAMILY LIMITED PARTNERSHIP
A Florida Limited Partnership**

THE UNDERSIGNED, constituting the General Partner of GOODMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. The name of the Partnership is GOODMAN FAMILY LIMITED PARTNERSHIP.

2. The address of the office of the Partnership is:

c/o Mr. Bernard Goodman
6245 S.W. 117th Terrace
Miami, Florida 33156

3. The name and address of the agent for the service of process on the Partnership is:

KTG&S REGISTERED AGENT CORPORATION
100 Southeast 2nd Street
Suite 2800
Miami, Florida 33131-2144

4. The name and business address of the General Partner is as follows:

Goodman General Partner, Inc.
c/o Mr. Bernard Goodman
6245 S.W. 117th Terrace
Miami, Florida 33156

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5. The mailing address of the Partnership is:

c/o Mr. Bernard Goodman
6245 S.W. 117th Terrace
Miami, Florida 33156

6. The latest date upon which the Partnership will dissolve is December 31, 2048.

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

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of GOODMAN FAMILY LIMITED PARTNERSHIP as of this 24 day of June, 1998.

**GENERAL PARTNER:
GOODMAN GENERAL PARTNER, INC.**

By: Bernard Goodman
Bernard Goodman, President

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for GOODMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process and to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:

KTG&S REGISTERED AGENT CORPORATION

By: Thomas O'Neil
Its: Vice President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Bernard Goodman, President of Goodman General Partner, Inc., the General Partner of GOODMAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (herein referred to as the "Partnership"), who upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the limited partners is as follows:

\$5.00

2. The additional capital contributions anticipated to be contributed by additional limited partners is as follows:

\$1,700,000.00

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFLIANT SAYETH NOT.

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.

GENERAL PARTNER:

GOODMAN GENERAL PARTNER, INC.

^{June 24}
Dated: May __, 1998

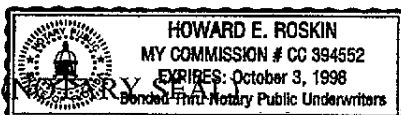
By: Bernard Goodman
Bernard Goodman, President

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me by Bernard Goodman, President of Goodman General Partner, Inc., (☒) who is personally known to me or (☐) has produced as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of JUNE, 1998.



Howard E. Roskin
Notary Public
My Commission Expires: 10/3/98