

A98000002117

LA OFFICES
ENGLISH, MCCAUGHAN & O'BRYAN, P.A.

100 NORTHEAST THIRD AVENUE
SUITE 1100
FORT LAUDERDALE, FLORIDA 33301-1146

TELEPHONE (954) 462-3300
FACSIMILE (954) 763-2439

MAILING ADDRESS: P.O. BOX 14098
FORT LAUDERDALE, FLORIDA 33302-4098

BOCA RATON OFFICE
120 EAST PALMETTO PARK ROAD
SUITE 450
BOCA RATON, FL 33432-6090

TELEPHONE (561) 347-1700
FACSIMILE (561) 391-9944

PHUNTER@EMOLAW.COM

September 10, 1998

VIA FEDERAL EXPRESS

Florida Department of State
Limited Partnership Section
409 East Gaines Street
Tallahassee, Florida 32399

800002637308--6
-09/11/98--01067--002
****140.00 ****140.00

Re: Belleforte Partners, Ltd.

Dear Sir or Madam:

Enclosed for filing please find, in duplicate original, a Certificate of Limited Partnership, Acceptance of Designation as Registered Agent and Affidavit of Capital Contributions for Belleforte Partners, Ltd.

In addition, a check is enclosed in the amount of \$140.00 to cover Filing Fees, Registered Agent Designation and the cost for a Certified Copy.

Once these documents have been filed, please return the Certified Copy to the attention of the undersigned.

Should you have any questions or require any additional information, please do not hesitate to contact the me.

Very truly yours,

Patrice A. Hunter

Patrice A. Hunter
Corporate Paralegal

/pah
Enclosure

A98-2117

Name	9-14
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
Acknowledgement	
W. P. Verifier	

BELLEFORTE PARTNERS, LTD.

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108, Florida Statutes, the undersigned persons desiring to form a limited partnership, do hereby swear and affirm as follows:

1. The name of the Limited Partnership is BELLEFORTE PARTNERS, LTD.
2. The office of the Limited Partnership is located at 3201 Griffin Road, Suite 206, Ft. Lauderdale, FL 33312 and the name and address of the agent for service of process is Michael Oliver, 3201 Griffin Road, Suite 206, Ft. Lauderdale, FL 33312.
3. The name and business address of the General Partner is:

Quad Equities, Inc.
3201 Griffin Road, Suite 206
Ft. Lauderdale, FL 33312

pg 6-99209
4. The mailing address of the Limited Partnership is 3201 Griffin Road, Suite 206, Ft. Lauderdale, FL 33312.
5. The latest date upon which the Limited Partnership is to dissolve is forty (40) years from the date of the recording of this Certificate.

IN WITNESS WHEREOF, the parties have executed this Certificate as of
9/4/98, 1998.

QUAD EQUITIES, INC., General Partner

By: *Michael Oliver*
Michael Oliver, President


FILED
98 SEP 11 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

I hereby accept the appointment as the initial Registered Agent of BELLEFORTE PARTNERS, LTD., as made in the foregoing Certificate of Limited Partnership.

QUAD EQUITIES, INC.

Date: 9/4/98

By: 
Michael Oliver, President

FILED
98 SEP 11 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Michael Oliver, President of Quad Equities, Inc., constituting all the General Partners of BELLEFORTE PARTNERS, LTD., a Florida limited Partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certified as follows:

1. The amount of capital contributions of the Limited Partners is \$7,500.00.
2. The ^{total} anticipated amount ^{and Capital Contributions} to be contributed is \$7,500.00.

This 4 day of SEPTEMBER, 1998.

FURTHER AFFIANT 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.

QUAD EQUITIES, INC., General Partner

By: [Signature]
Michael Oliver, President

STATE OF FLORIDA
COUNTY OF Duval

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Michael Oliver, President of Quad Equities, Inc., General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as President of the General Partner of said Limited Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 4 day of SEPTEMBER, 1998.

[Signature]
NOTARY PUBLIC

Print Name: _____

My Commission Expires: _____



Gerald W. Gritter
MY COMMISSION # CC649994 EXPIRES
May 22, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
98 SEP 11 PM 4:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE