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218 Cactus St.

Tallahassee FL 32804 S75-7811
City/State/Zip Phone #

Office Use Only

Examiner's Initials

CO	RPORATION	NAME(S) & DO	CUMENT NUMB	ER(S), (if known)	:	SECRETARY CO
1	(Con	poration Name)	(Docu	ment #)		7723
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3		poration Name)	· 	ment #)		O. 21
4	(Cor	poration Name)	(Docu	ment #)		_
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NEW 1	FILINGS	AMENDA	ŒNTS			
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NonPro	fit	Resignation of	of R.A., Officer/Directo	· (/1))/	
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CERTIFICATE OF LIMITED PARTNERSHIP

1. (Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 218 CACTUS ST. TALLAHASSFE, FL. 32304 (Business address of Limited Partnership)
3. Dennis Kitku (Name of Registered Agent for Service of Process)
4. 218 Cactus St., Tallahassee, FL: 323043 935 (Florida street address for Registered Agent)
5. Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 218 CACTUS ST. TALLAHASSEE, FL. 32304 (Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: AU. 1, 2048 8. Name(s) of general partner(s): Street address: ELISA LABRAM 218 CACTUS ST. TAUAHASSEC FL. 3236 CLAIRE FELDER 2010 Belle Vue Way TAUAHASSEE
Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.
Signed this 15 day of UCTOBER, 19 98
Signature of all general partners: General Partner General Partner
General Partner General Partner
General Partner General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

