# 498000000268

 Estate Planning Wills & Trusts Taxation Guardianship Probate Elder Law

#### E.J. HOPKINS & ASSOCIATES, P.A.

2454 McMullen Booth Rd., Suite 401 Clearwater, Florida 33759

> (727) 724-9333 Fax (727) 724-3919

October 8, 1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam;

Please find enclosed the following items:

- 1) a check in the amount of \$1,785.00 for the initial filing fee.
- 2) Certificate of Limited Partnership.
- 3) Affidavit of Capital Contributions.

700002661657--6 -10/12/98--01090--007 \*\*\*1795.00 \*\*\*1795.00

Please process as soon as possible.

If there are any questions, please contact the undersigned.

Thank you for your assistance.

Sincerely,

E.J. Hopkins & Associates, P.A.

For the Firm:

, Jenni Malek Malak

FILED

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\$ 798,000.00 \$ 1,540.000.00



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

October 14, 1998

JENNI MALEK E.J. HOPKINS & ASSOCIATES, P.A. 2454 MCMULLEN BOOTH RD., SUITE 401 CLEARWATER, FL 33759

SUBJECT: THE MENDES FAMILY LIMITED PARTNERSHIP

Ref. Number: W98000023371

We have received your document for THE MENDES FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1795.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 698A00050973

## CERTIFICATE OF LIMITED PARTNERSHIP

**OF** 

#### THE MENDES FAMILY LIMITED PARTNERSHIP

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

- 1) The name of the Partnership is THE MENDES FAMILY LIMITED PARTNERSHIP.
- 2) The address of the office of the Partnership is 1013 COMMODORE STREET, CLEARWATER, FLORIDA 33755-1013.
- The name and address of the agent for service of process on the Partnership is EDWARD J. HOPKINS, ESQ., E.J. HOPKINS AND ASSOCIATES, SUITE 401, 2454 McMULLEN BOOTH ROAD, CLEARWATER, FLORIDA 133759.
- The names and business addresses of the general partners are as follows LUCIANO D. MENDES
  1013 COMMODORE STREET, CLEARWATER, FLORIDA 33755-1013.
- The mailing address of the Partnership is LUCIANO D. MENDES, 1013 COMMODORE STREET, CLEARWATER, FLORIDA 33755-1013.
- The latest date of the Partnership shall dissolve is  $\frac{12/31/3030}{}$ .

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this certificate of Limited Partnership has been executed by all the General Partners of THE MENDES FAMILY LIMITED PARTNERSHIP this 1st day of October, 1998.

LUCIANO D. MENDES

**General Partner** 

I Hereby accept the position of Resident Agent for the above Limited Partnership.

Edward I Honkins Registered Agent

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned consisting all of the general partners of The Mendes Family Limited Partnership, a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partnership \$ 1,540,000.00, (one million five hundred forty thousand dollars.

The total amount contributed and anticipated to be contributed by the limited partnership at this time totals \$ 1,540,000.00, (one million five hundred forty thousand dollars.

Signed this 08th day of October, 1998.

FURTHER AFFIANT SAYETH NOT.

Under the penalties I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Luciano D. Mendes General Partner

STATE OF FLORIDA COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day personally appeared before me, LUCIANO D. MENDES to me well known to be the person described in and who executed the foregoing AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP and he acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this OCTOBER 08, 1998.

NOTARY PUBLIC

Jenni M Malek My Commission CC584868 Expires Sep. 15, 2000