

A 9800002894

CCRS
103 N. MERIDIAN STREET, FLOOR LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS
DATE: 12-24
REF. #: 0174.4984
CORP. NAME: The S.A.M. Limited Partnership of Sarasota

CORAFLLP

RECEIVED
FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 DEC 28 PM 3:43

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

CORAFLLP

500002731265-6
-01/06/99--01006--003
***1837.50 ***1837.50

STATE FEES PREPAID WITH CHECK# 2488 FOR \$ 2409.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ BK 12/28/98

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF STATUS ☐ PLAIN STAMPED COPY

Examiner's Initials

LP-1785.00
CRAI 52.50

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CERTIFICATE OF LIMITED PARTNERSHIP

THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA,
a Florida limited partnership

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SECRETARY OF CORPORATIONS
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The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA

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

P. O. Box 1286
Sarasota, Florida 34230

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

Sam A. Idelson
1625 Lodge Drive South
Sarasota, Florida 34239

4. The name and business address of the general partner of the Partnership is as follows:

Sam A. Idelson
P. O. Box 1286
Sarasota, Florida 34230

5. The mailing address of the Partnership is:

P. O. Box 1286
Sarasota, Florida 34230

6. The latest date upon which the Partnership shall dissolve is December 31, 2048, unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.

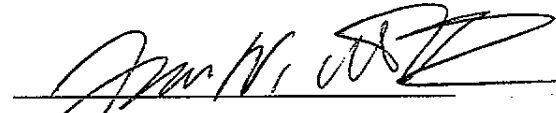

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

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 SAM A. IDELSON, general partner of THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA, a Florida limited partnership, this 18th day of December, 19 98.

WITNESSES:

THE S.A.M. LIMITED PARTNERSHIP OF
SARASOTA, a Florida limited partnership

SAM A. IDELSON

"GENERAL PARTNER"

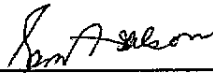
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA,
a Florida limited partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 28 PM 3:43

Having been named to accept service of process for THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA, a Florida limited partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: 12/18/98


SAM A. IDELSON

"REGISTERED AGENT"

STATE OF FLORIDA
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA,
a florida limited partnership

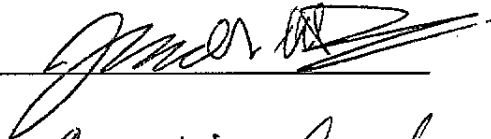
BEFORE ME, the undersigned Notary Public, personally appeared SAM A. IDELSON, as general partner of THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA, a Florida limited partnership, hereinafter referred to as "Partnership," who, upon being duly sworn, certified as follows:

1. The amount of the capital contributions of the limited partners of the Partnership is \$250,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.

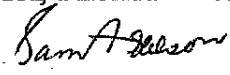
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

WITNESSES:

THE S.A.M. LIMITED PARTNERSHIP OF
SARASOTA, a florida limited partnership



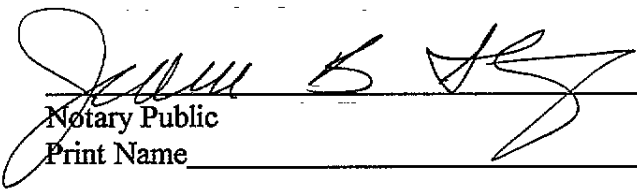
Cynthia R. Snyder



SAM A. IDELSON

"GENERAL PARTNER"

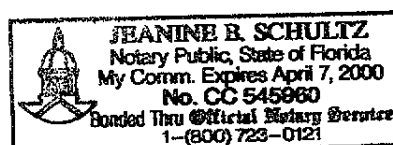
The foregoing instrument was acknowledged before me, this 18th day of December 19 98, by SAM A. IDELSON, as general partner of THE S.A.M. LIMITED PARTNERSHIP OF SARASOTA, a Florida limited partnership, who is personally known to me and who did not take an oath.



Notary Public
Print Name _____

My Commission Expires _____

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