

A99000000078

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

200002740842--4

-01/14/99--01002--022

***1837.50 ***1837.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. State Parkway Associates, LTD
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 13 PM 4:42

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

LP-1765
CBRT 5250

BK
1/13/99

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

OF

STATE PARKWAY ASSOCIATES, LTD.

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The name of this Limited Partnership is:

I STATE PARKWAY ASSOCIATES, LTD

II. ADDRESS OF OFFICE AND NAME OF REGISTERED AGENT:
The address of STATE PARKWAY ASSOCIATES, LTD, is: c/o Martin W. Wasserman, 999 Washington Avenue, Miami Beach, Florida 33139.

I, MARTIN W. WASSERMAN, ACCEPT DESIGNATION AS RESIDENT AGENT, FOR SERVICE OF PROCESS:

Martin W. Wasserman

MARTIN W. WASSERMAN

III. GENERAL PARTNER:

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

A) MAVEN RETIREMENT LIVING, INC., c/o 999 Washington Avenue, Miami Beach, Florida 33139.

IV. MAILING ADDRESS FOR STATE PARKWAY ASSOCIATES, LTD IS:
999 Washington Avenue, Miami Beach, Florida 33139.

V. DATE OF DISSOLUTION:

The latest date for dissolution of STATE PARKWAY ASSOCIATES, LTD is the 31st day of December, 2050.

Signed this 1st day of JANUARY, 1999.

Name of General Partner:
Maven Retirement Living, Inc.,
a Florida corporation

Address:
999 Washington Avenue, Miami Beach, Florida 33139

STATE PARKWAY ASSOCIATES, LTD.

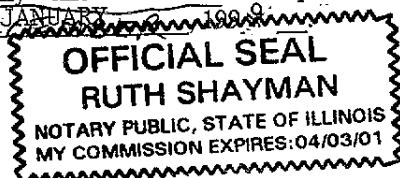
By: MAVEN RETIREMENT LIVING, INC., a Florida Corp.
as General Partner

Morris Esformes
Morris Esformes, President

STATE OF ILLINOIS

COUNTY OF COOK

BEFORE ME, the undersigned officer, a Notary Public, authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared MORRIS ESFORMES, President of MAVEN RETIREMENT LIVING, INC., as General Partner of STATE PARKWAY ASSOCIATES, LTD, who is personally known to me or produced _____ as identification this 1st day of JANUARY, 1999.



Ruth Shayman
NOTARY PUBLIC

This instrument prepared by:
MARTIN W. WASSERMAN, ESQUIRE
999 Washington Avenue, Miami Beach, Florida 33139

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF ILLINOIS

COUNTY OF COOK

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BEFORE ME, the undersigned authority, personally appeared, Morris Esformes, president of MAVEN RETIREMENT LIVING, INC., a Florida Corporation, as sole General partner of STATE PARKWAY ASSOCIATES, LTD., a Florida Limited Partnership, and states as follows:

1. The amount of capital contribution of the General partner is three thousand (\$3,000.00) Dollars.
2. The amount of the anticipated capital contribution of the Limited Partner is in the amount of two hundred ninety-seven thousand (\$297,000.00) Dollars. No additional Limited Partner contributions are anticipated.

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

MAVEN RETIREMENT LIVING, INC., a
Florida corporation

BY: _____

1/1/99
Morris Esformes, President, as sole General
Partner of State Parkway Associates, LTD., a
Florida Partnership.

STATE OF ILLINOIS
COUNTY OF COOK

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared Morris Esformes, President of MAVEN RETIREMENT LIVING, INC., a Florida corporation, personally known to me and by me to be the person who executed the foregoing Affidavit of the Capital Contribution, and he acknowledged to me and before me that he executed this affidavit on behalf of STATE PARKWAY ASSOCIATES, LTD., a Florida Limited Partnership.

IN WITNESS WHEREOF, I have hereto set my hand and seal in the State and County aforesaid this

1ST

day of JANUARY

1999



Ruth Shayman
NOTARY PUBLIC