

A99000600160

FILING COVER SHEET

REFERENCE: 0163.5278
DATE: 1/27/99
CONTACT: CINDY HICKS
FROM: CORPORATE & CRIMINAL RESEARCH SERVICES
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
TELEPHONE: 222-1173
SUBJECT: DELSCHLAEGER Investments, LTD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 AM 10:56

STATE FEES PREPAID WITH CHECK # 007169 FOR \$ 393.75

PLEASE FILE:

- (4)**
- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INC. | <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> ANNUAL REPORT |
| <input type="checkbox"/> FICTITIOUS NAME | <input type="checkbox"/> LIMITED LIABILITY | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> TRADEMARK/SERVICE | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

PROVIDE US WITH:

- ☐ CERTIFIED COPY ☒ CERTIFICATE OF STATUS ☒ STAMPED COPY

Examiner's Initials

200002755872--3
-01/27/99--01015--005
****393.75 ****346.25

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

BK
1/27/99

CERTIFICATE OF LIMITED PARTNERSHIP OF
OELSCHLAEGER INVESTMENTS, LTD.

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

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1. Name of Partnership. The name of the Partnership shall be OELSCHLAEGER INVESTMENTS, LTD.

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to Florida Statute Section 620.106 shall be located at 601 Bayshore Boulevard, Suite 960, Tampa, Florida 33606, and the name of the Partnership's agent for service of process at said address is EDWARD R. OELSCHLAEGER.

3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
Edward R. Oelschlaeger	601 Bayshore Boulevard Suite 960 Tampa, Florida 33606

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be located at 601 Bayshore Boulevard, Suite 960, Tampa, Florida 33606.

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for the OELSCHLAEGER INVESTMENTS, LTD.

DATED this 15 day of January, 1999.

GENERAL PARTNER:


EDWARD R. OELSCHLAEGER

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, 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.


EDWARD R. OELSCHLAEGER

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, EDWARD R. OELSCHLAEGER, the General Partner of OELSCHLAEGER INVESTMENTS, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed Fifty Thousand and 00/100 Dollars (\$50,000.00) of capital to the Partnership.

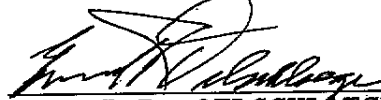
2. It is anticipated that Zero (\$0) of additional contributions may be contributed by the limited partners in the future.

This 25 day of January, 1999.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true, to the best of his knowledge and belief.

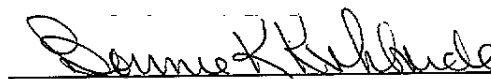
GENERAL PARTNER:


EDWARD R. OELSCHLAEGER

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STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 25th day of January, 1999, by EDWARD R. OELSCHLAEGER, who is personally known to me or who has produced _____ as identification.


NOTARY PUBLIC
Name: BONNIE K. Kirkbride
Serial #: _____
My Commission Expires: _____

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