

ONLY

Requestor Mamb

Address

City State ZIP Phone

EFFECTIVE DATE

200002765762--4 -02/05/99--01021--013 ****250.00 ****250.00

DÎT Toll Free: 1-800-432-3028

CORPORATION(S) NAME

W.P. Verifier

Vito's	3.P. Limited P	arthership.
1/17to's	G.PI-, Compted	Partnership
•		507 Sullie
		1655- mail add.
		524-51gr, as ap
		1023 HZ
() Profit () NonProfit	() Amendment	() Merger
() Foreign	() Dissolution	() Mark
Limited Partnership) Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
() Certified Copy	() Photo Copies	() Certificate Under Seal
Call When Ready Walk In	() Call If Problem) Will Walt) Pick	() After 4:30 c Up () Mail Out
Name Availability Document Examiner	Wall	B/C 15 10
Updeter	w9	7-3008
Verifier		2/1/1/
Acknowledgment		2119191



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 1, 1999

EMPIRE

TALLAHASSEE, FL

SUBJECT: VITO'S G.PI., LIMITED PARTNERSHIP

Ref. Number: W9900003008

We have received your document for VITO'S G.Pl., LIMITED PARTNERSHIP and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we are STILL RETAINING the \$250.00 payment you originally sent with this filing.

The first problem is that we MUST HAVE LEGIBLE documents. The electronically reproduced first page of your document is not clear enough for our requirements.

Second, limited partnership AGREEMENT documents are not filed with us. The documents you need to file with us are the CERTIFICATE OF LIMITED PARTNERSHIP and the AFFIDAVIT OF CAPITAL CONTRIBUTIONS.

You may wish to use the FORMS we are providing for these documents.

Please note that the CERTIFICATE doument must include the LATEST DATE UPON WHICH THE PARTNERSHIP IS TO BE DISSOLVED.

Please also note that the AFFIDAVIT must state 2 money amounts. It must state the LIMITED PARTNER CONTRIBUTIONS TO DATE. And then it must state the TOTAL AMOUNT CONTRIBUTED AND ANTICIPATED TO BE CONTRIBUTED BY THE LIMITED PARTNERS. Please note that GENERAL PARTNER contributions are NOT to be included in these amounts.

The filing fee for the limited partnership will be determined from the TOTAL ANTICIPATED LIMITED PARTNER CONTRIBUTION AMOUNT that you list on the affidavit. It may be determined that either more or less than \$250.00 will be required. Please call BUCK KOHR at (850)487-6914 if you have questions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

99 MAR 23 PM 3: 41

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Letter Number: 799A00009215

CERTIFICATE OF LIMITED PARTNERSHIP

1 VITO S G. PI. LI	MITED PARTNERSHIP
(Name of Limited Partnership; must con	MITED PARTNERSHIP tain a suffix such as "Limited", 'Ltd.', or "Limited Partnership")
	ral Highway, Ft. Lauderdalem Fl. 33076
(Business	s address of Limited Partnerstup)
3Joe Shane	
(Name of Reg	istered Agent for Service of Process)
4. 6417 NW 99th Avenue, Pa	7)
(Florids Str.	act address for Registered Agent)
5. July Sthe	0
(Regularce Agent must sign here to ac	cept designation as Registered Agent for Service of Process)
6. 6212 N. Federal !	Highway, Ft. Lauderdale, FL 33076
	idress of the Limited Fartnership)
8. Name(s) of general parmer(s): Joe Shane	Street address: 6417 NW 99th AVenue, Parkland, FL 33076
contents thereof and that the facts state	re that I (we) have read the foregoing and know the ed herein are true and correct.
Signed this 22 the day of	March . 19 99
Signature of all general partners:	
Joe Shane	General Partner
General Partner	General Parmer
General Partner	General Partner

ษตะสะวันแบบ

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP



The undersigne	ed constituting a	ıll of the general p	armers of	VITO'S	G. P I.	LIMITED	PARTNERSHI
a Florida Limi	ted Partnership,	certify:			,		7
The amount of	capital contribu	tions to date of the	: limited par	tuers is \$ _	15,000	•00	·
The total amou		nd anticipated to b	e contribute	d by the li	mited pa	artnera at ti	nis time
1	22	 •					
9	day of _	March			1 9 99	. •	
Under the pena		H NOT. I (we) declare that acts stated herein d			foregoin	ng and know	w the
1/4	Han						
General Parme	Shane		-(icnoral Parte	ier		
General Partne	r			ieneral Partr	ver		_
General Partne		<u> </u>		cocral Parte		-	

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