

A 99000000570

CCRS

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

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT:

CINDY HICKS

DATE:

4/7/99

REF. #:

~~001~~ 0174

CORP. NAME:

The Berstenfeld Family Limited  
Partnership

- ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION  
( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME  
( ) CERT. OF AUTHORITY (X) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY  
( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL  
( ) CERTIFICATE OF CANCELLATION ( ) UCC-1 ( ) UCC-3  
( ) OTHER: *1) Person listed as RA & Person signing must be the same*

FILED  
99 APR 7 PM 3:35  
TALLAHASSEE, FLORIDA  
RECEIVED

STATE FEES PREPAID WITH CHECK# 182 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

Name	4/7/99
Availability	dec
Document	
Examiner	DCC
Updater	DCC
Verifier	DCC
Acknowledgement	DCC
Examiner's Initials	DCC

COST LIMIT: \$

000002831750--1  
-04/07/99--01029--012  
\*\*\*1837.50 \*\*\*1837.50

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- ( ) CERTIFICATE OF STATUS ( ) PLAIN STAMPED COPY

TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

99 APR -7 AM 9:57

RECEIVED

12  
\$600,000.00

W99000008306

6 pages



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 7, 1999

CINDY HICKS  
CCRS  
103 N MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301

SUBJECT: THE GERSTEINFELD FAMILY LIMITED PARTNERSHIP  
Ref. Number: W99000008306

We have received your document for THE GERSTEINFELD FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person listed as registered agent and the person signing as registered agent must be the same.

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: 899A00017534

CERTIFICATE OF LIMITED PARTNERSHIP OF  
THE GERSTENFELD FAMILY LIMITED PARTNERSHIP,  
a Florida 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 Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE GERSTENFELD FAMILY LIMITED PARTNERSHIP

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

2425 Gulf of Mexico Drive  
Longboat Key, FL 34228

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

MICHAEL CORY  
2425 Gulf of Mexico Drive  
Longboat Key, FL 34228

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

LENORE GERSTENFELD, as Trustee of the LENORE  
W. GERSTENFELD LIVING TRUST u/a/d 7/18/1986  
2425 Gulf of Mexico Drive  
Longboat Key, FL 34228

5. The mailing address of the Partnership is:

2425 Gulf of Mexico Drive  
Longboat Key, FL 34228

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99 APR -7 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The latest date upon which the Partnership shall dissolve is December 31, 2049 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 partners 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 LENORE W. GERSTENFELD as Trustee of the LENORE W. GERSTENFELD LIVING TRUST u/a/d July 18, 1986, the general partner of THE GERSTENFELD FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 18<sup>th</sup> day of March, 1999.

WITNESSES:

Therese D. Paine

Shayne A. Bogor

As to General Partner

Lenore W. Gerstenfeld

LENORE W. GERSTENFELD, as Trustee of  
the LENORE W. GERSTENFELD LIVING  
TRUST u/a/d July 18, 1986

"GENERAL PARTNER"

FILED  
APR - 7 PM 3:30  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE GERSTENFELD FAMILY 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: 3.18-99

  
MICHAEL CORY, Registered Agent

FILED  
99 APR - 7 PM 3:35  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA )  
COUNTY OF SARASOTA )

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned Notary Public, personally appeared LENORE W. GERSTENFELD as Trustee of the LENORE W. GERSTENFELD LIVING TRUST u/a/d July 18, 1986, the general partner of THE GERSTENFELD FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is \$ 600,000.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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:

Shaune A. Boggs

Lenore W. Gerstenfeld

LENORE W. GERSTENFELD, as Trustee of  
the LENORE W. GERSTENFELD LIVING  
TRUST u/a/d July 18, 1986

Hunt D. Dunn  
As to General Partner

"GENERAL PARTNER"

Subscribed and acknowledged before me this 18th day of March, 1999, by LENORE W. GERSTENFELD, as Trustee of the LENORE W. GERSTENFELD LIVING TRUST u/a/d July 18, 1986, who is personally known to me or who has produced Fe D.L. as identification and who did not take an oath.

Cynthia L. Snyder  
Notary Public  
Print Name: CYNTHIA L. SNYDER

My Commission expires:



CYNTHIA L. SNYDER  
Notary Public, State of Florida  
My Comm. Exp. Oct. 25, 2002  
Comm. No. CC 785919