

# A99000000604

Contact: Dee Ovenden

Akerman, Senterfitt & Eidson, P.A.  
(Requestor's Name)

216 South Monroe Street, Suite 200  
(Address)

Tallahassee, Florida 32301 (850) 222-3471  
(City, State, Zip) (Phone #)

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OFFICE USE ONLY

99 APR 13 PM 2:55  
RECEIVED  
FLORIDA STATE  
CORPORATIONS

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

1. ELIZABETH FAMILY LIMITED PARTNERSHIP  
(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

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 type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

PLEASE FILE  
THE ATTACHED  
AFFIDAVIT AND CERT-  
AND STAMP COPY "FILED"  
THANKS,  
Dee

Bye  
4/13/99

Examiner's Initials

## CERTIFICATE OF LIMITED PARTNERSHIP

1. Elizabeth Family Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", Ltd., or "Limited Partnership")
2. 7200 Mindello Street, Coral Gables, Florida 33143  
(Business address of Limited Partnership)
3. American Information Services, Inc.  
(Name of Registered Agent for Service of Process)
4. One S.E. Third Avenue, 28th Floor, Miami, Florida 33131  
(Florida street address for Registered Agent)
5. By Angelica M. Calabrese Angelica M. Calabrese, Vice President  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 7200 Mindello Street, Coral Gables, Florida 33143  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/24

8. Name(s) of general partner(s): Street Address:

Elizabeth Family, Inc.

7200 Mindello Street  
Coral Gables, Florida 33143

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 9 day of April, 1999.

Signature of all general partners:

GENERAL PARTNER

ELIZABETH FAMILY, INC.

By: Elizabeth J. Campbell  
President

Prepared by:  
Henry H. Raattama, Jr., Esq.  
One S.E. 3rd Avenue, 28th Floor  
Miami, Florida 33131  
(305) 374-5600  
Florida Bar No. 0106724

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of Elizabeth Family Limited Partnership,  
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$2,500,000.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$2,500,000.

Signed this 9 day of April, 1999.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNER

ELIZABETH FAMILY, INC.

By: Elizabeth J. Campbell  
President

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OF FLORIDA  
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