

437.50

# A99000001063

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

LP- 385.00  
CERT 52.50

900002919719--2

-06/30/99--01061--005

\*\*\*\*482.50 \*\*\*\*437.50

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

1. I MAGIC 6043, LTD, LLP  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ 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 <u>LLP</u>

Examiner's Initials

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUN 30 PM 3:51

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUN 30 PM 3:51

350  
35  
52.50  
437.50  
25.00  
462.50

B/K

6/30/99

437.50  
25.00  
462.50

CERTIFICATE OF LIMITED PARTNERSHIP OF  
IMAGIK 6043, LTD.  
a Florida limited partnership

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DIVISION OF CORPORATIONS  
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The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is IMAGIK 6043, LTD.,
2. The address of the office of the Partnership is 6043 NW 167TH STREET, #A23/24, MIAMI, FL 33015.
3. The name and address of the agent for service of process on the Partnership is SAUL FRAYND, 560 NW 165th Road, Miami, FL 33169.
4. The name and business address of the sole general partner are IMAGIK MANAGEMENT CORP., 6043 NW 167TH STREET, #A23/24, MIAMI, FL 33015.  
P99000059154
5. The mailing address of the Partnership is 6043 NW 167TH STREET, #A23/24, MIAMI, FL 33015.
6. The latest date upon which the Partnership shall dissolve is DECEMBER 30, 2050.

The execution of this certificate by the undersigned General Partner 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 on behalf of the sole General Partner of IMAGIK 6043, LTD. this 28<sup>th</sup> day of June, 1999.

GENERAL PARTNER:

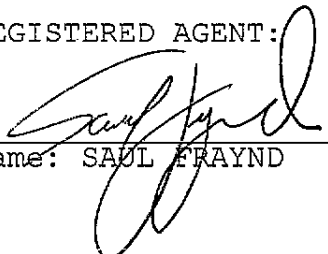
  
By: IMAGIK MANAGEMENT CORP.  
Name: SAUL FRAYND  
Title: PRESIDENT

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUN 30 PM 3:51

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for IMAGIK 6043, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

  
Name: SAUL FRAYND

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DIVISION OF CORPORATIONS  
99 JUN 30 PM 3:51

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

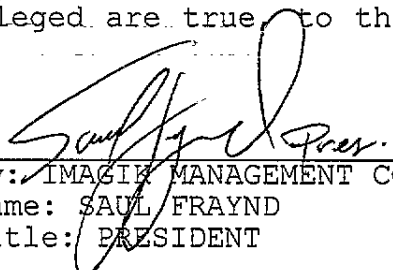
STATE OF FLORIDA  
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared SAUL FRAYND, PRESIDENT, of IMAGIK MANAGEMENT CORP., the sole general partner of IMAGIK 6043, LTD. (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, ~~one~~ thousand dollars and No/100 (~~\$1,000.00~~) Dollars. **FIFTY**  
(50,000.00) **40**

2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

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.

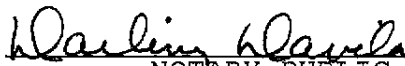
  
By: IMAGIK MANAGEMENT CORP.  
Name: SAUL FRAYND  
Title: PRESIDENT

STATE OF FLORIDA )

COUNTY OF DADE )

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the COUNTY AND STATE aforesaid, to take acknowledgments, personally appeared SAUL FRAYND who executed the foregoing and acknowledged to me that he/she was duly authorized to sign the foregoing on behalf of the IMAGIK MANAGEMENT CORP., to me known to be the person(s) described in and who executed the foregoing Instrument and acknowledged before me that HE executed the same.

WITNESS my hand and official seal in the COUNTY AND STATE last aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 1999.  
FORM OF IDENTIFICATION: \_\_\_\_\_ Driver License \_\_\_\_\_

  
NOTARY PUBLIC  
(SEAL)

MY COMMISSION EXPIRES:

