



Ronald P. Glantz  
Also Admitted in DC & NY Bars

Wendy Newman Glantz  
Florida Board Certified  
Marital & Family Law

GLANTZ & GLANTZ, P.A.  
ATTORNEYS AT LAW

7951 Southwest Sixth Street  
Suite 200  
Plantation, FL 33324  
Tel: 954.424.1200

Reply to Plantation Office  
June 25, 1999

E-mail: rglantz@glantzlaw.com  
Website: http://www.glantzlaw.com

Miami Office:  
1031 Ives Dairy Road  
Suite 228  
North Miami Beach, FL 33180  
Tel: 305.944.3100  
Toll-free: 800.654.1945

Secretary of State  
Divisions of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: The Sami Family Limited Partnership**

Dear Sir or Madam:

Enclosed please find the following documents:

1. Certificate of Limited Partnership;
2. Affidavit of Capital Contributions For Florida Limited Partnership;
3. Consent to Serve as Registered Agent for The Sami Family Limited Partnership;
4. Check in the amount of \$262.50 representing \$175.00 for filing fees, \$35.00 for the designation of registered agent and \$52.50 for a certification.

Please process the above documents and return the certificate in the enclosed self-addressed stamped envelope.

If you should have any questions, please do not hesitate to contact our office.

Very truly yours,

LAW OFFICES OF GLANTZ & GLANTZ, P.A.

By:

DANA LEE GOTTLIEB, ESQUIRE

DLG  
Enclosures

cc: Mr. Sam Sami

|                  |  |
|------------------|--|
| Availability     |  |
| Document         |  |
| Examination      |  |
| Updater          |  |
| Updater/Verifier |  |
| Acknowledgment   |  |
| W. P.            |  |

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FILED  
JUL -2 M 5:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1999-1120

CR-7-10

## CERTIFICATE OF LIMITED PARTNERSHIP

1. Sami Family Limited Partnership  
(Name of Limited Partnership: must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 960 Oriole Avenue, Miami Springs, Florida 33166  
(Business address of Limited Partnership)
3. Ronald P. GLantz, Esquire  
(Name of Registered Agent for Service of Process)
4. 7951 S.W. 6th Street, Suite 200, Plantation, FL 33324  
(Florida street address for Registered Agent)
5. *Ronald P. GLantz*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 960 Oriole Avenue, Miami Springs, Florida 33166  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: \_\_\_\_\_
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

Sam Sami

960 Oriole Ave, Miami Springs, FL 33166

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 24 day of June, 19 99

Signature of all general partners:

*[Signature]*  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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99 JUL -2 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

The undersigned constituting all of the general partners of Sami Family  
Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 25,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 25,000.00

Signed this 24 day of June, 19 99

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

General Partner

General Partner

General Partner

General Partner

General Partner

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL -2 PM 5:00

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**CONSENT TO SERVE AS REGISTERED AGENT**

**FOR**

**THE SAMI FAMILY LIMITED PARTNERSHIP**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE David A. Gley esq /

DATE 6/25/99

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99 JUL -2 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA