

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8061 • Fax (850) 224-1221

A99000001181

The M.S. Smith Limited
Partnership

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File Third

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MJK
7/29/99

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☒ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Courier

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**CERTIFICATE OF LIMITED PARTNERSHIP
OF
THE M. S. SMITH LIMITED PARTNERSHIP
A Florida Limited Partnership**

The undersigned makes the following declaration of information for the purpose of forming THE M. S. SMITH LIMITED PARTNERSHIP under the Florida Revised Uniform Partnership Act:

1. Name. The name of this Limited Partnership is THE M. S. SMITH LIMITED PARTNERSHIP.
2. Business. The purpose of the Partnership's business is to own, acquire, sell, manage and lease investment property of any type, kind or description, including marketable securities and real estate, and to do all other things necessary, proper, convenient or advisable in connection therewith.
3. Principal Place of Business and Location of Records. The location of the principal place of business of the Partnership is 1301 Asturia Avenue, Coral Gables, Florida 33134, at which place the records shall be maintained.
4. Registered Agent. The name and address of the registered agent for service for this Limited Partnership is Robert A. White, c/o Dunwody White & Landon, P.A., 550 Biltmore Way, Suite 810, Coral Gables, Florida 33134, and who acknowledges by his signature hereunder that he accepts such designation.
5. The General Partner. The name and business address of the General Partner is M. S. Smith, Inc., 1301 Asturia Avenue, Coral Gables, Florida 33134.
6. Mailing Address. The mailing address of the Limited Partnership is c/o M. S. Smith, Inc., 1301 Asturia Avenue, Coral Gables, Florida 33134.
7. Term. The Partnership shall begin at the time of the filing of the certificate of Limited Partnership with the Department of State and shall liquidate and dissolve on the 35th

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anniversary of the date of THE M. S. SMITH LIMITED PARTNERSHIP AGREEMENT unless terminated or dissolved earlier or extended by written agreement of all of the Partners.

8. Affidavit of the Amount of Capital Contributions. The amount of capital contributions of each limited partner and the amount of capital contributions anticipated by the limited partners is described in the Affidavit attached as Schedule A.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 19th day of July, 1999.

Witnesses

GENERAL PARTNER:

M. S. SMITH, INC.

M. S. Smith
Kim A. Day

By: Mary Shontz Smith
Mary Shontz Smith, President

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent for the above-referenced Florida Limited Partnership at the above-designated Registered Office, the undersigned hereby accepts the appointment, and agrees to comply with the provisions of Chapter 620 et seq., Florida Statutes, as amended from time to time, concerning the obligations of registered agents.

Executed this 19th day of July, 1999.

Robert A. White
Robert A. White, Registered Agent

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99 JUL 20 PM 2:54

SCHEDULE A

**THE M. S. SMITH LIMITED PARTNERSHIP
AFFIDAVIT OF THE AMOUNT OF THE CAPITAL CONTRIBUTIONS OF THE
LIMITED PARTNERSHIP, AND ANY AMOUNT ANTICIPATED TO BE
CONTRIBUTED BY THE LIMITED PARTNERS**

The undersigned presents this Affidavit, given under oath, to affirm the following:

1. The amount of the capital contributions to date by the Limited Partners is \$-0-.
2. The amount anticipated to be contributed by the Limited Partners at this time totals \$10,000,000.

M. S. SMITH, INC.

By: Mary Shontz Smith
Mary Shontz Smith, President

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me on this 19 day of July, 1999, by Mary Shontz Smith, the President of M. S. SMITH, INC., on behalf of said corporation, and said individual is personally known to me (yes) (no) or has produced _____ as identification to me, and who acknowledged execution of the foregoing instrument.

Kim A. Hoyt
Notary Public, State of Florida
Name: Kim A Hoyt
(Print Name)

My Commission Expires:

