

A99000001398

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000021257 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : GASSMAN & CONETTA, P.A.
Account Number : 075350000514
Phone : (813)442-1200
Fax Number : (813)443-5829

STATE
TALLAHASSEE, FLORIDA

99 AUG 25 AM 7:24

REFILED

FLORIDA LIMITED PARTNERSHIP

SCHUTZENDORF LIMITED PARTNERSHIP

Name Availability	MJH
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

99 AUG 24 AM 8:52

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

Audit Fax No. H99000021257 3

**CERTIFICATE OF LIMITED PARTNERSHIP OF
SCHUTZENDORF LIMITED PARTNERSHIP**

THE UNDERSIGNED, desiring to form a Limited Partnership under the Florida Revised Uniform Limited Partnership Act, hereby certify as follows:

FIRST: The name of the Limited Partnership is SCHUTZENDORF LIMITED PARTNERSHIP.

SECOND: The address of the office of the Partnership where the records will be maintained is 19029 U.S. Hwy. 19 North, Building 8, Unit 9, Clearwater, FL 33764.

THIRD: The name and address of the agent for service of process is ALAN S. GASSMAN, 1245 Court Street, Suite 102, Clearwater, Florida 33756.

FOURTH: The names, business address and mailing address of each General Partner are as follows:

ALAN S. GASSMAN
1245 Court Street
Suite 102
Clearwater, FL 33756

FIFTH: The mailing address of the Limited Partnership is 19029 U.S. Hwy. 19 North, Building 8, Unit 9, Clearwater, FL 33764. The mailing address and the principal place of business address are the same.

SIXTH: The latest date on which the Limited Partnership is to dissolve August 24, 2049.

WE, the undersigned General Partners, declare under penalties of perjury that we have examined the foregoing and it is true, correct and complete.

DATED this 24th day of August, 1999.


ALAN S. GASSMAN
"General Partner"

(Signature of all General Partners required.)

\\Gassman2\sys\CLIENTS\Schutzendorf\Partnership\cert.lp.wpd
:cnt 8-24-99

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar # 371750
Audit Fax No. H99000021257 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 24 AM 8:52


Audit Fax No. H99000021257 3

ACCEPTANCE OF REGISTERED AGENT

Pursuant to Florida Statute 48.091 and this Certificate of Limited Partnership, the undersigned Registered Agent does hereby accept the duties as Registered Agent and designates as his location for service of process as:

ALAN S. GASSMAN, ESQUIRE
1245 Court Street
Suite 102
Clearwater, Florida 33756

The undersigned shall serve as Registered Agent until otherwise removed or he shall resign pursuant to the laws of the State of Florida.



ALAN S. GASSMAN, ESQUIRE (SEAL)

\\Gassman2\sys\CLIENTS\Schutzendorf\Partnership\registered.agent.wpd
:ent 8-24-99

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar # 371750

Audit Fax No. H99000021257 3

Audit Fax #: H99000021257 3**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

THE UNDERSIGNED, ALAN S. GASSMAN, the General Partner of SCHUTZENDORF LIMITED PARTNERSHIP, a Florida Limited Partnership being formed pursuant to Florida Statute § 620.108, does hereby, under penalty of perjury and to the best of the undersigned's knowledge and belief, declare as follows:

The amount of capital contribution of the Limited Partners and the amount anticipated to be contributed by the Limited Partners with respect to the Partnership is \$100.00.

FURTHER, Affiant sayeth not.

DATED this 24th day of August, 1999.



ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

BEFORE ME, the undersigned authority, personally appeared ALAN S. GASSMAN, who expressed that he executed the foregoing Affidavit for the purposes therein expressed.

WITNESS my official hand and seal this 24 day of August, 1999.



Notary Public

My Commission Expires:

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(813) 442-1200
Florida Bar # 371750
Audit Fax No. H99000021257 3

