C.S.C. Net
201 HAYS St.

A95000001220

ACCOUNT NO. : 072100000032

REFERENCE : 659870 6517A

AUTHORIZATION :

COST LIMIT : $

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 15 PM 2:57

400001564754
-08/21/95--01023--010
*****87.50 *****87.50

ORDER DATE : August 15, 1995

ORDER TIME : 12:01 PM

ORDER NO. : 659870

CUSTOMER NO: 6517A

file 2ND

CUSTOMER: Mary Fendle, Legal Assistant
DEAN MEAD EGERTON BLOODWORTH
CAPOUANO & BOZARTH, P.A.
P. O. Box 2346

Orlando, FL 32802-2346

DOMESTIC FILING

C. TAX
FILING 52.50
4. AGENT FEE 35.00
5. COPY 87.50
TOTAL
N. BANK
BALANCE DUE
REFUND

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DIVISION OF CORPORATIONS
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NAME: TDLS, LTD.

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Prezeau CSC Networks

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATIONS
95 AUG 15 PM 3:57

CERTIFICATE OF LIMITED PARTNERSHIP
OF
TDLS, LTD.

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.186, Florida Statutes, hereby states the following:

1. The name of the Partnership is "TDLS, LTD."

2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 5422 Carrier Drive, Suite 203, Orlando, Florida 32819.

3. The name of the agent for service of process on the Partnership shall be Alan H. Daniels, 800 North Magnolia Avenue, Suite 1500, Orlando, Florida 32803.

4. The name and business address of the General Partner are:

Name	Address
Tate Properties, Inc. P95000063117	5422 Carrier Drive Suite 203 Orlando, Florida 32819

5. The mailing address for the Partnership is 5422 Carrier Drive, Suite 203, Orlando, Florida 32819.

6. The latest date upon which the Partnership shall dissolve is December 31, 2041.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 11th day of August, 1995.

GENERAL PARTNER

TATE PROPERTIES, INC., a Florida corporation

By: William A. Tate
William A. Tate, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 15 PM 3:57

REGISTERED AGENT

Alan H. Daniels

Date: August 14, 1995

F:\TAX\AHD\TDLS.CLP

STATE OF FLORIDA

COUNTY OF ORANGE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 15 PM 3:57

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared WILLIAM A. TATE, President of TATE PROPERTIES, INC., the sole general partner of TDLS, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is $100.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is $0.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER:

TATE PROPERTIES, INC.

Date: August 11th, 1995

By: William A. Tate
William A. Tate, President

The foregoing instrument was acknowledged before me this 11th day of August, 1995, by WILLIAM A. TATE, as President of TATE PROPERTIES, INC., a Florida corporation, on behalf of the corporation. Said person did not take an oath and (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: personally known to me.

Monica L Gable
Print Name: Monica L. Gable
Notary Public, State of Florida
Commission No.:
My Commission Expires:

F:\TAX\AHD\TDLS.AFF

OFFICIAL SEAL
MONICA L. GABLE
MY COMMISSION EXPIRES
OCTOBER 26, 1998
COMMISSION NO. CC169709

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAR 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

TDLS, LTD.

1a. DOCUMENT #
A95000001220

Mailing Address
5422 CARRIER DRIVE, SUITE 203
ORLANDO FL 32819

Principal Office Address
5422 CARRIER DRIVE, SUITE 203
ORLANDO FL 32819

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, If Applicable

Suite, Apt. #, etc

City, State & Zip

100001762371
-03/23/96--01028--018
****191.25 ****191.25

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA
08/15/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$100.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED
☑ Applied For
☐ Not Applicable

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

OK 3-26

9. Name and Address of Current Registered Agent

DANIELS, ALAN H
800 NORTH MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TATE PROPERTIES, INC.	5422 CARRIER DRIVE, S	ORLANDO FL 32819	P95000083117

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE John A Tate DATE 3/21/96

Typed or Printed Name of General Partner Signing Form John A. Tate Telephone Number 407 351 5333

CR2E003 (6/95)