

A98000001590

HOLLAND & KNIGHT

Requestor's Name
315 SOUTH CALHOUN STREET
Address
Tallahassee, Florida 32301
City/State/Zip Phone #
224-7000

98 JUN 29 PM 2:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Office Use Only

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

1. CCAL Commercial Ventures Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk-in

☒ Pick up time 4:00

☒ 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

Name	
Availability	<i>MAH</i>
Document Examiner	<i>MAH</i>
Updater	<i>MAH</i>
Updater Verifier	<i>MAH</i>
Acknowledgement	<i>MAH</i>
W. P. Verifier	<i>MAH</i>

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

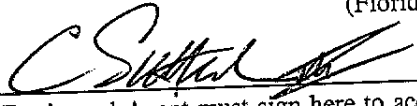
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***1837.50 ***1837.50

Examiner's Initials	
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CERTIFICATE OF LIMITED PARTNERSHIP

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1. CCAL COMMERCIAL VENTURES, LTD.
(name of the Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 6440 West Newberry Road, Suite 410, Gainesville, Florida 32605.
(Business address of Limited Partnership)
3. CCAL Property Management, Inc.
(Name of Registered Agent for Service of Process)
4. 6440 West Newberry Road, Suite 410, Gainesville, Florida 32605.
(Florida street address for Registered Agent)
5.  President, CCAL Property Management, Inc.
(Registered Agent must sign here to accept designation of Registered Agent for Service of Process)
6. 6440 West Newberry Road, Suite 410, Gainesville, Florida 32605.
(Mailing address of Limited Partnership)

7. The latest date upon which the Limited partnership is to be dissolved is: December 31, 2049

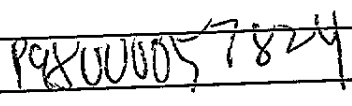
8. Name(s) of general partner(s):

Street address:

CCAL Property Management, Inc.

6440 West Newberry Road, Suite 410


Gainesville, Florida 32605



Under penalties of perjury I (we) declare that I (we) have read the foregoing and know that contents thereof and that the facts stated herein are true and correct.

Signed this 29th day of June, 19 98.

Signature of all general partners:


General Partner, President
CCAL Property Management, Inc.

General Partner

General Partner

General Partner

General Partner

General Partner

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

*The undersigned constituting all of the general partners of CCAL Commercial Ventures, Ltd.,
a Florida Limited partnership, certify:*

The amount of capital contribution of the limited partners is \$530,000.00.

The total amount of capital contributed and anticipated to be contributed by the limited partners
at this time totals \$530,000.00.

Signed this 29th day of June, 1998.

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FURTHER AFFIANT SAYETH NOT.

*Under penalty 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.*

CCAL PROPERTY
MANAGEMENT, INC.

By: 

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner