

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086



A95000001667

ACCOUNT NO. : 072100000032

REFERENCE : 723263 80349A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : November 2, 1995

ORDER TIME : 11:37 AM

ORDER NO. : 723263

CUSTOMER NO: 80349A

CUSTOMER: J. Michael Hartenstine, Esq
WILLIAMS PARKER HARRISON DIETZ
& GETZEN
P.O. Box 3258

Sarasota, FL 34236

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -2 PM 1:40

900001629858
-11/05/95--01115--013
***1837.50 ***1837.50

NAME: AJL, LTD.

C. TAX	_____
DOMESTIC FILING	_____
FILING	1750.00
R. AGENT FEE	75.00
C. COPY	52.50
TOTAL	61,837.50
N. BANK	_____
BALANCE DUE	_____
REFUND	_____

ARTICLES OF INCORPORATION
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: _____

RECEIVED
95 NOV -2 PM 12:22
DIVISION OF CORPORATIONS

11/2/95
OK

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
AJL, LTD.,
A FLORIDA LIMITED PARTNERSHIP**

FILED
SECRETARY OF CORPORATIONS
SECTION - 2
OCT 20 1995

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620, Part I of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is "AJL, Ltd."
2. The address of the office of the limited partnership is Suite 300, 901 Venetia Bay Boulevard, Venice, Florida 34292.
3. The name and address of the agent for service of process on the limited partnership is RJM of Sarasota, Inc., a Florida corporation, at Suite 300, 901 Venetia Bay Boulevard, Venice, Florida 34292.
4. The name and business address of each General Partner is:

RJM of Sarasota, Inc.
Suite 300
901 Venetia Bay Boulevard
Venice, Florida 34292

p45000682651
5. The mailing address of the limited partnership is Suite 300, 901 Venetia Bay Boulevard, Venice, Florida 34292.
6. The latest date upon which the limited partnership shall dissolve is December 31, 2025.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of AJL, Ltd., this the 27th day of October 1995.

RJM OF SARASOTA, INC.

By: _____

Richard J. Mitchell
As its President

"General Partner"

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for AJL, Ltd., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned, on behalf of the Partnership, hereby agrees to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

RJM OF SARASOTA, INC.

By: _____

Richard J. Mitchell
Richard J. Mitchell
As its President

"Registered Agent"

JLT/dcp-137677

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -2 PM 1:40

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared Richard J. Mitchell, as President of RJM of Sarasota, Inc., a Florida corporation, which is the General Partner of AJL, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon first being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership of the Limited Partners is \$518,640.

2. The amount of additional capital contributions anticipated to be contributed by the Limited Partners is \$--0--.

FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.


Richard J. Mitchell

SWORN TO AND SUBSCRIBED before me this 27 day of October 1995 by Richard J. Mitchell, who is personally known to me or who has produced _____ as identification. If no type of identification is indicated, the above-named person is personally known to me.

(Notary Seal)



"OFFICIAL NOTARY SEAL"
J. MICHAEL HARTENSTINE
MY COMM. EXP. 1-5-98
No. CC 337666


Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of Florida,
and my commission expires on _____.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -2 PM 40

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND A \$100 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

95 DEC 29 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership:
AJL, Ltd.

1a. DOCUMENT #
A95000001667

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite Apt # etc. 300001683773
-01/10/96--01034--022
City, State & Zip ****576.25 ****576.25

2a. New Principal Office Address, If Applicable

Suite, Apt # etc.

City, State & Zip

Mailing Address

Suite 300, 901 Venetia Bay Blvd.
Venice, FL 34292

Principal Office Address

Suite 300
901 Venetia Bay Blvd.
Venice, FL 34292

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

3. Date Formed or Registered to Do Business in
FLORIDA 11-2-95

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record \$518,640

5b. Amount of Capital Contributions in
FLORIDA to date \$518,640

6. FEI Number

X Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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.

9. Name and Address of Current Registered Agent

RJM of Sarasota, Inc.
Suite 300
901 Venetia Bay Blvd.
Venice, FL 34292

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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

RJM of Sarasota, Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

Suite 300
901 Venetia Bay Blvd.

11b. City, State & Zip Code

Venice, Florida 34292

11c. Registration/
Document Number

P95000082651

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 *Richard J. Mitchell* DATE 12-27-95

Typed or Printed Name of General Partner Signing Form RJM of Sarasota, Inc.
BY: Richard J. Mitchell, President Telephone Number

CR2E003 (6/95)