Address

Tallahasse 223-2785

City/State/Zip Phone # Office Use Only

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

660 F	Address	
	<u> </u>	
Tallahassa	221-3785 Zip Phone #	
City/State	/Zip Phone #	Office Use Only
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CORPORATION	NAME(S) & DOCUMENT NUM	BER(S), (if known):
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(Cor	poration Name) (De	ocument #)
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Walk in	Pick up time	Certified Copy
☐ Mail out	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	6000025933965 -07/20/9801072015
NonProfit	Resignation of R.A., Officer/ Dire	-07/20/9801072015 ***1837.50 ***1837.50
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
	Merger	
Other	Morgan	T AK
OTHERFILINGS	REGISTRATION/	
Annual Report	QUADIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	7/20/9
Traile reservation	Reinstatement	7)20/9
	Trademark	
	Other	
	<u> </u>	
		Examiner's Initials

CR2E031(1/95)

CERTIFICATE OF LIMITED PARTNERSHIP

This Certificate of Limited Partnership of NAPLES FAIRWAYS DEVELOPMENT.

LTD., a Florida limited partnership, is made by FAIRWAYS DEVELOPMENT OF NAPLES,

INC., a Florida corporation ("General Partner"); and RICHARD K. BENNETT, as Trustee of

Land Trust No. 5222 (being hereinafter sometimes referred to as "Class A Limited Partner");

the General Partner and the Limited Partner being sometimes hereinafter collectively referred to
as the "Partners".

WHEREAS, General Partner and the Limited Partner intend to execute a Limited Partnership Agreement (the "Limited Partnership Agreement") in furtherance of their desire to form a Florida limited partnership to be known as NAPLES FAIRWAYS DEVELOPMENT, LTD. (the "Partnership"); and

WHEREAS, General Partner desires to form the Partnership by executing this Certificate of Limited Partnership in duplicate and filing an original hereof with the Department of State of the State of Florida;

NOW, THEREFORE, the undersigned hereby certifies that:

- 1. Name. The name of the Partnership is NAPLES FAIRWAYS DEVELOPMENT, LTD.
- Office. The address of the Partnership's office is 4500 Executive Drive, Suite 300, Naples, FL 34119.
- 3. <u>Statutory Agent.</u> The name and address of the agent of the Partnership for service of process required to be maintained by Section 620.105 of the Florida Statutes is Leo J. Salvatori, 4501 North Tamiami Trail, Suite 300, Naples, Florida 34103.
- 4. General Partner. The name and business address of the sole General Partner of the Partnership is FAIRWAYS DEVELOPMENT OF NAPLES, INC., 4500 Executive Drive, Naples, FL 34119.

QBNAP\154426.1

- 5. <u>Mailing Address.</u> The mailing address for the Partnership is 4500 Executive Drive 300, Naples, FL 34119.
- 6. <u>Dissolution.</u> The latest date upon which the Partnership is to be terminated and dissolved is the last day of December, 2025.

IN WITNESS WHEREOF, the necessary party hereto has executed this Certificate as of the day and year first above written, and has sworn to the above Certificate.

GENERAL PARTNER:

(Corporate Seal)
FAIRWAYS DEVELOPMENT OF
NAPLES, INC., a Florida corporation,

Robert S. Hardy, as President

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and subscribed before me this day of July, 1998, by ROBERT S. HARDY, as President of FAIRWAYS DEVELOPMENT OF NAPLES, INC., a Florida corporation, who is personally known to me.

My Commission Expires:

LEO J. SALVATORI
MY COMMISSION # CC 590984
EXPIRES: November 28, 2000
Banded Thru Natary Public Underwriters

NOTARY PUBLIC (SEAL)

(Print name below)

Notary Public Serial # (if any)

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

Having been named Registered Agent for the above stated limited partnership, at the designated Registered Office, the undersigned is familiar with and accepts the obligations of said appointment, and agrees to comply with the provisions of Florida Statutes relative to keeping open said office.

Date: <u>Vulu</u> 16, 1998

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and subscribed before me this $\frac{16^{44}}{6}$ day of ___, 1998, by Leo J. Salvatori, who is personally known to me.

My Commission Expires:

NOTARY PUBLIC

(Print name below)

Notary Public

Serial # (if any)

DONNA L. MODUGNO MY COMMISSION # CC 482458 EXPIRES: August 18, 1999 Bonded Thru Notary Public Underwriters

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA COUNTY OF COLLIER

ROBERT S. HARDY, as President of FAIRWAYS DEVELOPMENT OF NAPLES, INC., a Florida corporation, being sworn, upon his oath deposes and says:

- 1. FAIRWAYS DEVELOPMENT OF NAPLES, INC. is the sole General Partner of NAPLES FAIRWAYS DEVELOPMENT, LTD., a Florida limited partnership, according to that certain Limited Partnership Agreement by and between FAIRWAYS DEVELOPMENT OF NAPLES, INC. and the Class A Limited Partner named therein.
- 2. This affidavit is being made in accordance with Section 620.108(1) of the Florida Statutes.
- 3. Pursuant to the Limited Partnership Agreement, the Class A Limited Partner has agreed to make a capital contribution of up to \$8,500,000.00 to the Partnership.
- 4. Pursuant to the Limited Partnership Agreement, the Class B Limited Partner(s) (if any) has agreed to make capital contributions of up to \$8,500,000.00 to the partnership.
- 5. The total amount of capital contributions anticipated to be contributed by the Limited Partners is \$17,000,000.00.

(Corporate Seal)
FAIRWAYS DEVELOPMENT
OF NAPLES, INC.,
a Florida corporation,

Robert S. Hardy, as President

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and subscribed before me this ________ ay of ________, 1998, by ROBERT S. HARDY, as President of FAIRWAYS DEVELOPMENT OF NAPLES, INC., a Florida corporation, who is personally known to me.

My Commission Expires:

LEO J. SALVATORI
MY COMMISSION # CG 590984
EXPIRES: November 28, 2000
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC (Print name below)

Notary Public Serial # (if any)