

A00000001104



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 762243 4732152

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 140.00

FILED
00 JUL 13 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 13, 2000

ORDER TIME : 10:33 AM

ORDER NO. : 762243-005

CUSTOMER NO.: 4732152

500003322085--1

CUSTOMER: Ms. Tristan Hoffman
Gartner Brock & Simon

Suite 203
1660 Prudential Drive
Jacksonville, FL 32207

DOMESTIC FILING

NAME: WELLS OFFICE ASSOCIATES II,
LTD.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

~~4000-11600~~

DA 7/14

A00-1104

RECEIVED
00 JUL 13 AM 11:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 13, 2000

NORMA HULL
CSC

SUBJECT: WELLS OFFICE ASSOCIATES II, LTD.
Ref. Number: W00000017600

We have received your document for WELLS OFFICE ASSOCIATES II, LTD. and the authorization to debit your account in the amount of \$140.00. However, the document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 400A00038647

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
WELLS OFFICE ASSOCIATES II, LTD.

The undersigned, desiring to form a limited partnership under the laws of the State of Florida, do hereby certify as follows:

1. The name of the limited partnership is WELLS OFFICE ASSOCIATES II, LTD.
2. The mailing address of the partnership is 601 Riverside Avenue, Building II, Suite 650, Jacksonville, Florida 32204, and the principal address shall be the same.
3. The name and principal business address of the general partner of the partnership is Skyline Realty Services, Inc., 601 Riverside Avenue, Building II, Suite 650, Jacksonville, Florida 32204. D94000076798
4. The term for which the partnership shall exist shall commence on the date hereof and shall continue for thirty (30) years from such date, unless the partnership is sooner dissolved and terminated as provided by law or in the Agreement of Limited Partnership by which the partnership shall be governed.
5. The street address of the registered office for the partnership is 601 Riverside Avenue, Building II, Suite 650, Jacksonville, Florida 32204, and the name of the registered agent for service of process at that address is R. Lamar Shaw, Jr., who is joining in the execution hereof for the purpose of accepting the appointment as registered agent for service of process for the partnership.

IN WITNESS WHEREOF, the undersigned have executed this Certificate this 12th day of July, 2000.

General Partner:

Skyline Realty Services, Inc., a Florida corporation

By: *RCS*

R. Lamar Shaw, Jr., President

Registered Agent:

RCS
R. Lamar Shaw, Jr.

00 JUL 13 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AFFIDAVIT REGARDING
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority personally appeared R. LAMAR SHAW, JR., the President of SKYLINE REALTY SERVICES, INC., a Florida corporation, the General Partner of WELLS OFFICE ASSOCIATES II, LTD., a Florida limited partnership, who being first duly sworn, declared as follows:

1. That SKYLINE REALTY SERVICES, INC., is the general partner of WELLS OFFICE ASSOCIATES II, LTD., a Florida limited partnership.
2. The capital contributions to said limited partnership as of the date hereof totals \$100.00.
3. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$100.00.
4. This Affidavit is given in compliance with the provisions of Florida Revised Uniform Limited Partnership Act (1986).

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.

SKYLINE REALTY SERVICES, INC., a
Florida corporation

By: _____

R. Lamar Shaw, Jr., President

STATE OF FLORIDA
COUNTY OF DUVAL

This foregoing instrument was acknowledged before me this 12th day of July, 2000, by R. Lamar Shaw, Jr., as the President of Skyline Realty Services, Inc., the General Partner of Wells Office Associates II, Ltd., on behalf of the partnership, who is either (x) personally known to me or () has produced _____ identification.



Notary Public, State of Florida, at Large

Print Name: Tristan Hoffman

My Commission Expires: _____

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NO JUL 13 AM 9:58
CLERK OF STATE
TALLAHASSEE, FLORIDA