

CCRS
103 N. MEADIAN STREET
TALLAHASSEE, FL 32301
222-1173

A00000001571

FILING COVER SHEET
ACCT. #FCA-14

700003427347--7
-10/17/00--01042--006
***1750.00 ***1750.00

CONTACT: CINDY HICKS

700003427347--7
-10/17/00--01042--007
*****8.75 *****8.75

DATE: 10-17-00

REF. #: 0283.13414

CORP. NAME: Codina Cyberport, LTD.

LP - 35.00

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC9 |
| <input type="checkbox"/> OTHER: | | |

RECEIVED
OCT 17 AM 11:42
TALLAHASSEE FLORIDA
DIVISION OF STATE

(Signature)

STATE FEES PREPAID WITH CHECK# 35774 FOR \$ 17.50.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

700003427347--7
-10/18/00--01019--019
*****35.00 *****35.00

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

10/17

Examiner's Initials

RECEIVED
OCT 17 AM 10:
DIVISION OF CORPORATE



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 17, 2000

CINDY HICKS
CCRS
TALLAHASSEE, FL

SUBJECT: CODINA CYBERPORT, LTD.
Ref. Number: W00000025048

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

FILED
OCT 17 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CODINA CYBERPORT, LTD. and your check(s) totaling \$1758.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,758.75 payment.

In Item 2, you must state the TOTAL AMOUNT CONTRIBUTED AND ANTICIPATED TO BE CONTRIBUTED by the limited partners. This must be a DEFINITE MONEY AMOUNT. We cannot accept "over \$250,000.00".

Please note that the limited partnership will be required to file a SUPPLEMENTAL AFFIDAVIT, when and if the limited partner contribution amount surpasses the amount you state.

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) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 000A0005445

RECEIVED
OCT 17 PM 3:47
DIVISION OF CORPORATION

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
CODINA CYBERPORT, LTD.**

The undersigned general partner hereby forms a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et seq.), as follows:

1. Name. The name of the limited partnership (the "Partnership") is Codina CYBERPORT, Ltd.
2. Purpose. The purpose of the Partnership is to conduct a real estate business and more particularly, the holding, improving, developing, operating, purchasing and selling of real property, but the limited partnership is also authorized to conduct any other lawful business.
3. Registered Agent and Address. The location of the Partnership's principal place of business required to be maintained by the Partnership pursuant to Section 620.105 of the Florida Statutes is Two Alhambra Plaza, Penthouse 2, Coral Gables, Florida 33134, and the name of the registered agent of this Partnership at that address is Kolleen O.P. Cobb.
4. Name and Address of General Partner. The name and business address of the sole general partner is Codina CyberPort, Inc., a Florida corporation, Two Alhambra Plaza, Penthouse 2, Coral Gables, Florida 33134. P00000096578
5. Mailing Address. The mailing address of the Partnership is Two Alhambra Plaza, Penthouse 2, Coral Gables, Florida 33134.
6. No Liability. Except as required by law, the limited partners of the Partnership shall have no personal liability for the obligations of the Partnership.
7. Dissolution. The latest date for the Partnership to be dissolved is December 31, 2050, unless sooner dissolved and terminated as provided in the Partnership's Agreement of Limited Partnership or by law.
8. This Certificate of Limited Partnership is made in accordance with Section

620.108 of the Florida Statutes.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of Codina CyberPort, Ltd. on this 12th day of October, 2000.

GENERAL PARTNER

CODINA CYBERPORT, INC., a Florida corporation

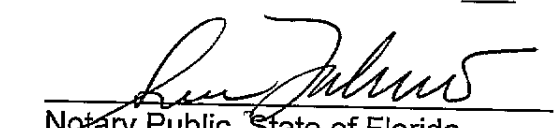
By: 

Henry Befeler, Vice President

STATE OF FLORIDA)
)ss.:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 12 day of October, 2000, by Henry Befeler, as Vice President of Codina CyberPort, Inc., a Florida corporation, on behalf of such corporation,. He is personally known to me or produced a valid Florida driver's license as identification.

Witness my hand and seal in the County and State named above this 12 day of October, 2000.


Notary Public, State of Florida



Susan R. Fortunow
MY COMMISSION # CC967263 EXPIRES
October 1, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Before me, the undersigned authority, personally appeared Henry Befeler, Vice President of Codina CyberPort, Inc., a Florida corporation, as the sole general partner of Codina CyberPort, Ltd. (the "Partnership"), and who, being duly sworn, certifies that:

1. The amount of capital contribution to date is \$1,000.
2. It is anticipated that the total amount of capital contributed to the Partnership by the limited partners is \$2,100,000.00.

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.

GENERAL PARTNER:

CODINA CYBERPORT, INC., a Florida corporation

By: Henry Befeler, Vice President

STATE OF FLORIDA)
)ss.:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 12 day of October, 2000, by Henry Befeler, as Vice President of Codina CyberPort, Inc., a Florida corporation, on behalf of such corporation. He is personally known to me or produced a valid Florida driver's license as identification.

Witness my hand and seal in the County and State named above this 12 day of October, 2000.

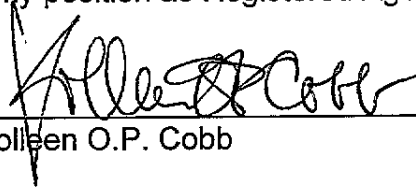


Susan R. Fortunow
MY COMMISSION # CC967263 EXPIRES
October 1, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Susan R. Fortunow
Notary Public, State of Florida

ACCEPTANCE OF REGISTERED AGENT

Having been named as the registered agent to accept service of process for CODINA CYBERPORT, LTD., a Florida limited partnership, at the place designated in the Certificate of Limited Partnership. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Kollsen O.P. Cobb

FILED
00 OCT 17 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA