

CT CORPORATION SYSTEM

A010000000332

CORPORATION(S) NAME

First States Investors 20, LP

FILED
01 MAR -9 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300003829998--6

-03/12/01--01020--011

****104.30 ****104.30

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <hr/> | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/9/01

Order#: 379077

Ref#: _____

Amount: \$ _____

RECEIVED
01/MAR-9 PM 4:25
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LP-104.30

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CERTIFICATE OF LIMITED PARTNERSHIP

1. First States Investors 20, Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 17120 San Carlos Blvd., Fort Myers, FL 33908
(Business address of Limited Partnership)
3. CT Corporation System
(Name of Registered Agent for Service of Process)
4. c/o CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent)
5. CT Corporation System
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 1711 N. Citrus Blvd., Leesburg, FL 34748
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 2001

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

Street address:

First States Investors 20, LLC

17120 San Carlos Blvd., Fort Myers, FL 33908

L01000003692

Under penalties 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.

Signed this 6th day of ~~February~~ March, ~~19~~ 2001.

Signature of all general partners:

First States Investors 20, LLC
General Partner

General Partner

By: Nicholas Schorsch, Manager



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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

The undersigned constituting all of the general partners of First States Investors 20, Limited
Partnership

_____,
a Florida Limited Partnership, certify:

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TALLAHASSEE, FLORIDA

The amount of capital contributions to date of the limited partners is \$ 9,900.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 9,900.00.

Signed this 6th day of ~~xxxxx~~ February March, ~~1901~~ 2001.

FURTHER AFFIANT SAYETH NOT.

*Under the penalties 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.*

First States Investors 20, LLC
General Partner
By: Nicholas Schorsch, Manager

General Partner

