

OF COUNSEL: CATHERINE K. KOHN\* SIDNEY Y. KOHN\*# THOMAS C. PICCIOLI# TEL. (314) 721-8888 FAX (314) 721-6609

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April 21, 2001

00789-00507-

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399 900004093679--2 -05/01/01--01015--018

\*\*\*\*\*36.25 \*\*\*\*\*36.25

To Whom It May Concern:

Enclosed for filing are two copies of the Certificate of Limited Partnership - BS 41 Limited Partnership

Also enclosed is a check in the amount of \$96.25 to cover cost of filing and certified copy.

Please return a certified copy in the enclosed envelope.

If you have any questions, please call me.

Very truly yours,

THE KOHN PARTNERSHIP, L.P.

By:

Lynne Hullinger

Trust and Billing Coordinator

Enclosures

OI MAY IL PM 5: 30
SECRETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 2, 2001

LYNNE HULLINGER THE KOHN PARTNERSHIP, L.P. 7820 MARYLAND AVENUE SAINT LOUIS, MO 63105

SUBJECT: BS 41 LIMITED PARTNERSHIP

Ref. Number: W01000009957

We have received your document for BS 41 LIMITED PARTNERSHIP and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

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) 487-6967.

Letter Number: 801A00026128

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## CERTIFICATE OF LIMITED PARTNERSHIP

**OF** 

BS 41 LIMITED PARTNERSHIP

l.	The name	of this partnershi	p shall be:	BS 41	LIMITED	PARTNERSHIP.
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2. The name of this Partnership's initial registered agent in the State of Florida is: Vincent DePasquale, 801 12th Avenue South, Suite 300, Naples, Florida 34102.

Vincent DePasquale, Registered Agent

(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

- 3. The name and mailing address of the general partner is: DRA II, Inc., 801 12th Avenue South, Suite 300, Naples, Florida 34102.
- 4. The business and mailing address of the limited partnership is: 801 12th Avenue South, Suite 300, Naples, Florida 34102.
  - 5. The latest date for Partnership dissolution is: December 31, 2099.
- 6. The effective date of this Certificate of Limited Partnership is the date it is filed with the Secretary of State of the State of Florida.

In affirmation thereof, the facts stated above are true.

This 2011 day of 40-1, 2001.

GENERAL PARTNER:

DRAII, Inc

Vincent DePasquale, President

OI MAY IL PM 5: 30
SECRETARY OF STATE
TALLAHASSE

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Before me, the undersigned constituting all of the general partners of BS 41 , a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$499.50.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$900.

This <u>Zori</u> day of <u>Lori</u> , 2001.

Further affiant sayeth not.

Under the 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.

GENERAL PARTNER

By:

Vincent DePasquale, President