

A0200000005/4

Renee Fowler
Requestor's Name
110 Brylenn Drive
Address
West Melbourne Florida
City/State/Zip / Phone #
32904

Office Use Only

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR -8

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

RECEIVED
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DIVISION OF CORPORATION

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*Call when ready
Candy 5564925*

700005205427--0
-04/08/02--01046--019
*****148.00 *****148.00
700005205427--0
-04/08/02--01046--024
*****5.25 *****0.75

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP
OF
MORSE LANDING, LTD.

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TALLAHASSEE, FLORIDA
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The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. NAME

The name of the Limited Partnership is:

MORSE LANDING, LTD.

2. REGISTERED AGENT

The name and address of the Registered Agent for the Limited Partnership is:

Renée Fowler
110 Bry Lynn Drive
West Melbourne, Florida 32904

3. GENERAL PARTNER

The names and business address of the general partner is as follows:

Regency Investment Associates, Inc. *F98-1282*
2700 Wycliff Road, Suite 312
Raleigh, North Carolina 27607

4. MAILING ADDRESS

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

c/o Regency Development Associates, Inc.
110 Bry Lynn Drive
West Melbourne, Florida 32904

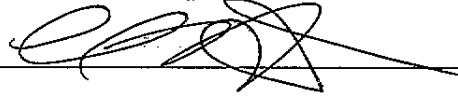
5. DISSOLUTION DATE

The latest date upon which the Limited Partnership is to dissolve is December 31, 2052.

IN WITNESS WHEREOF, the General Partner has executed this Certificate of
Limited Partnership this 18th day of March, 2002.

Regency Investment Associates, Inc.
A North Carolina Corporation

BY: _____

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, is written over a horizontal line.

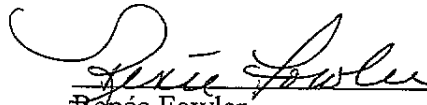
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ACCEPTANCE

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its appointment as registered agent for MORSE LANDING, LTD., a Florida limited partnership, and accepts all obligations imposed on it as such under Florida law.

Executed this 18th day of March, 2002


Renee Fowler

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF NORTH CAROLINA
COUNTY OF WAKE) SS:
)

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TALLAHASSEE, FLORIDA
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The undersigned as a general partner of MORSE LANDING, LTD. ("Limited Partnership"), declares as follows:

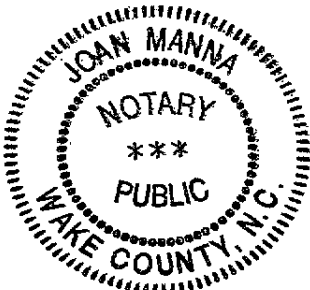
The total capital contributions of the limited partners of the Limited Partnership through this date is \$1,000 and the total anticipated future capital contributions of the limited partners to the Limited Partnership is \$1,000.

Regency Investment Associates, Inc.
A North Carolina Corporation

BY: _____

STATE OF North Carolina
COUNTY OF Wake) SS:
)

The foregoing instrument was acknowledged before me this 18th day of March, 2002 by Claude F. Hicks as Vice Pres of Regency Investment Associates, Inc. a North Carolina Corporation. He/she is personally known to me or has produced _____ as identification.



Joan Manna
NOTARY PUBLIC
Printed Name: Joan Manna
Commission Expires