

CT CORPORATION

A020000001093

CORPORATION(S) NAME

8/12 FL LP

02 AUG 12 PM 2:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

2) Toll Ft. Myers Limited Partnership

02 AUG 12 PM 12:20
RECEIVED
DIVISION OF CORPORATION

| | | |
|---|---|---|
| <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 |
| <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 _____

8/12/02

AAM

Order#: 5533234

Ref#: _____

Amount: \$ _____

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

300007055633--4
-08/12/02--01050--011
****101.50 ****101.50

CERTIFICATE OF LIMITED PARTNERSHIP

1. Toll Ft. Myers Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 3103 Philmont Avenue, Huntingdon Valley, PA 19006
(Business address of Limited Partnership)

3. CT Corporation System
(Name of Registered Agent for Service of Process)

4. 1200 South Pine Island Road, Plantation, FL 33324
(Florida street address for Registered Agent)

5. Conne Bay **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 3103 Philmont Avenue, Huntingdon Valley, PA 19006
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: October 31, 2022

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

Street address:

Toll FL GP Corp.

3103 Philmont Avenue, Huntingdon Valley, PA
19006

P94-82800

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 9th day of August, 2002

Signature of all general partners:

Toll FL GP Corp.

Kenneth J. Gary, V.P.

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of Toll Ft. Myers
Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0.0

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 9,500.00

Signed this 9th day of August, 2002

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.*

Toll FL GP Corp

K. Gary
Kenneth J. Gary, V.P.

General Partner

General Partner

General Partner

General Partner

General Partner