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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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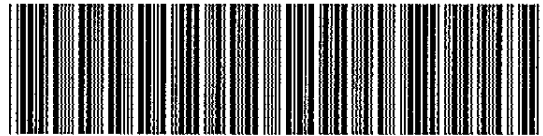
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

McManus Properties Ltd

Please
file
and



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

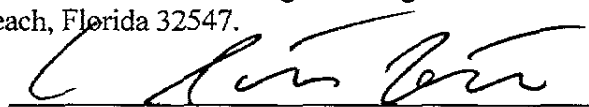
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TALLAHASSEE, FLORIDA

- Art of Inc. File
- ☒ LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- ☒ Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF
MCMANUS PROPERTIES, LTD.

This Certificate of Limited Partnership evidences the creation of a Limited Partnership under the Revised Limited Partnership Act of the State of Florida pursuant to a written Agreement of all Partners executed of even date herewith. The creation of this Limited Partnership is subject only to the filing of this Certificate of Limited Partnership with the Florida Secretary of State and the acceptance thereof by the Secretary of State. This Certificate of Limited Partnership is signed by the duly designated General Partner of the Partnership and contains the following statements required by Florida Statutes 620.108(1):

1. The name of the Limited Partnership is McManus Properties, Ltd. (the "Partnership").
2. The business address of the Partnership is 432 Marion Drive, Niceville, Florida 32578.
3. The name of the registered agent of the Partnership is William Scott Foster.
4. The address of the registered agent of the Partnership is 909 Mar Walt Drive, Suite 1014, Fort Walton Beach, Florida 32547.
5. 
(Signature of Registered Agent)
6. The mailing address of the Partnership is P.O. Box 2418, Santa Rosa Beach, Florida 32459
7. The latest date upon which the Partnership is to be dissolved is December 31, 2060.
8. The name and specific business address of the sole General Partner of the Partnership is:

NAME


PO BOX 2418

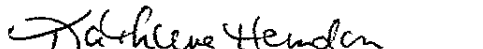
ADDRESS

McManus Properties, Inc. P.O. Box 2418, Santa Rosa Beach, Florida 32459

Signed this 6th day of OCTOBER, 2003.

WITNESSES:


Print Name: Robin Parker

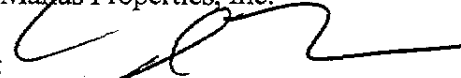

Print Name: Kathleen Herndon

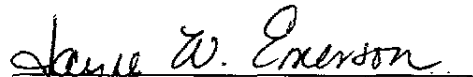
STATE OF FLORIDA
COUNTY OF OKALOOSA

SWORN TO AND SUBSCRIBED before me this 6th day of October, 2003.

GENERAL PARTNER:

McMand's Properties, Inc.

By: 
As its Vice- President


Notary Public
My Commission Expires: _____

JAYNE W. EMERSON
Notary Public, State of Florida
My comm. exp. Sept. 22, 2006
Comm. No. DD 130980

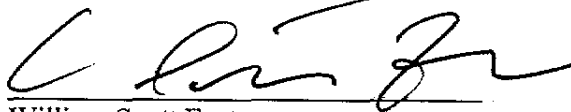
CERTIFICATE DESIGNATING REGISTERED OFFICE OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE AND NAMING REGISTERED
AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

McManus Properties, Ltd. (the "Company"), desiring to organize as a limited partnership under the laws of the State of Florida, with its registered office, as indicated in its Certificate of Limited Partnership, at 909 Mar Walt Drive, Suite 1014, Fort Walton Beach, Florida 325447, has named William Scott Foster, located at 909 Mar Walt Drive, Suite 1014, Fort Walton Beach, Florida 32547, as its agent to accept service of process within this State.

ACKNOWLEDGMENT.

Having been named as registered agent and to accept service of process for the above stated Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in such 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.



William Scott Foster

Dated the 25 day of October, 2003

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, constituting the sole General Partner of Real Property of Northwest Florida, Ltd., a Florida Limited Partnership (the "Partnership"), certifies as follows:

The amount of capital contributions to date of the limited partners of the Partnership is \$99.00.

The total amount contributed and anticipated to be contributed by the limited partners of the Partnership at this time is \$99.00.

This 6th day of October, 2003.

FURTHER AFFIANT SAYETH NOT.

Under 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.

McManus Properties, Inc.

By: 

As its Vice-President

General Partner of the Partnership