

A03000001547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

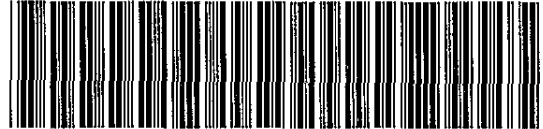
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/03--01059--021 **148.75

CLERK OF THE COURT
JUDICIAL DEPARTMENT
TALLAHASSEE, FLORIDA

03 OCT 28 PM 12:38

RECEIVED

FILED
03 OCT 28 PM 4:27
TALLAHASSEE, FLORIDA

Handwritten signature/initials

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FL
CLERK OF COURT

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

- 1- DOUGLAS METROWEST LIMITED PARTNERSHIP
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
DOUGLAS METROWEST LIMITED PARTNERSHIP**

Pursuant to Chapter 620, *Florida Statutes* (the "Act"), the undersigned, being the sole General Partner of DOUGLAS METROWEST LIMITED PARTNERSHIP, a Florida limited partnership (the "Partnership"), does execute this Certificate and does hereby affirm, under penalty of perjury, that the facts stated in this Certificate are true and correct:

**ARTICLE I
NAME**

The name of the Partnership is DOUGLAS METROWEST LIMITED PARTNERSHIP

**ARTICLE II
OFFICE AND AGENT FOR SERVICE OF PROCESS**

The name and address of the agent for service of process for the Partnership is

Douglas A. Hoeksema
400 Park Avenue South, Suite 220
Winter Park, FL 32789

The Partnership may change its registered agent or the address of the office for service of process, by filing with the Department of State of the State of Florida an amendment complying with the Act.

**ARTICLE III
NAMES AND ADDRESSES OF GENERAL PARTNERS**

The names and addresses of the General Partner is as follows:

MetroWest Partners, Inc.
400 Park Avenue South, Suite 220
Winter Park, FL 32789

**ARTICLE IV
MAILING ADDRESS**

The mailing address for the Partnership shall be 400 Park Avenue South, Suite 220, Winter Park, Florida 32789.

**ARTICLE V
TERM**

This Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida and shall continue in accordance with the terms provided in the Limited Partnership Agreement.

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**ARTICLE VI
PURPOSE, POWERS AND DUTIES**

The Partnership is organized solely for the purpose of (i) being the sole general partner of MetroWest Boulevard Limited Partnership, a Florida limited partnership (the "MetroWest Boulevard Partnership"); (ii) acting as, and exercising all of the authority of, the general partner of the MetroWest Boulevard Partnership; and (iii) transacting any and all lawful business for which a limited partnership may be organized under the Act that is incident, necessary and appropriate to accomplish the foregoing.

**ARTICLE VII
MISCELLANEOUS**

The provisions of this Certificate of Limited Partnership will supersede any conflicting provision of the Limited Partnership Agreement.

Dated this 24th day of October, 2003.

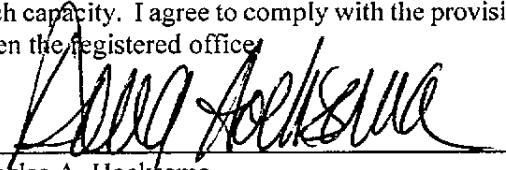
METROWEST PARTNERS, INC.
a Florida corporation, as the sole General Partner

By: _____


Douglas A. Hocksema, President

**ACKNOWLEDGMENT AND ACCEPTANCE
OF REGISTERED AGENT**

Having been named as the registered agent for DOUGLAS METROWEST LIMITED PARTNERSHIP for the purpose of accepting service of process at the registered office designated above, I hereby accept such appointment and agree to act in such capacity. I agree to comply with the provisions of the sections of the Florida Statutes relative to keeping open the registered office.



Douglas A. Hoeksema

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR
DOUGLAS METROWEST LIMITED PARTNERSHIP**

The undersigned, the sole General Partner of DOUGLAS METROWEST LIMITED PARTNERSHIP, a Florida limited partnership, certify as follows:

1. The amount of capital contributions to date of the limited partners is \$10.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100,000.

Dated this 24 day of October, 2003.

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

METROWEST PARTNERS, INC.

a Florida corporation

as sole General Partner

By: _____


Douglas A. Hoeksema, President