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FLORIDA LIMITED PARTNERSHIP

NANTUCKET ASSOCIATES LTD.

Certificate of Status	0
Certified Copy	1
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FAX AUDIT NO.: H05000004412

## CERTIFICATE OF LIMITED PARTNERSHIP

### OF

## NANTUCKET ASSOCIATES LTD.

The undersigned, acting as organizer of a Limited Partnership pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act hereby adopts the following certificate for such Limited Partnership:

- The name of the Limited Partnership NANTUCKET 1. is ASSOCIATES LTD.
- The address of the office of the Partnership at which place (a) the records shall be maintained is:

c/o Equityline Financial Group, Inc. 9200 South Dadeland Boulevard Suite 500 Miami, Florida 33156

The name and address of the Partnership's agent for service (b) of process is:

## Robert E. Spielman

c/o Equityline Financial Group, Inc. 9200 South Dadeland Boulevard Suite 500 Miami, Florida 33156

began uzzez 3. The name and address of the General Partner is:

#### **EQUITYLINE PROPERTIES, INC.**

c/o Equityline Financial Group, Inc. 9200 South Dadeland Boulevard Suite 500 Miami, Florida 33156

THIS DOCUMENT PREPARED BY:

Edgar Lewis, Esq. Gunster, Yoakley & Stewart, P.A. Suite 3400 2 South Biscayne Boulevard Miami, Florida 33131 Tel: (305) 376-6016 Florida Bar No.: 047114

FAX AUDIT NO.: H05000004412

FAX AUDIT NO :: H05000004412

The mailing address for the Limited Partnership is:

c/o C.R.E.S. Management 4510 Belleview Street Suite 100 Kansas City, MO 64111

5. The term of the Partnership shall commence on the date of filing of this Certificate with the Secretary of State of Florida and shall continue until December 31, 2055, unless sooner terminated as provided in the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned authorized representative of the General Partner has hereto executed this Certificate the 6<sup>th</sup> day of January, 2005.

EQUITYLINE PROPERTIES, General Paginer

- 400

Edgar Lewis, Authorized Representative

N-6 AM 8:51
TARY OF STATE
HASSEE, FLORIDA

STATE OF FLORIDA

): **SS** 

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this day of January, 2005, by Edgar Lewis, as an authorized representative of the EQUITYLINE PROPERTIES, INC., General Partner, who is personally known to me.

Print Name:

**NOTARY PUBLIC** 

My Commission Expires:



FAX AUDIT NO.: H05000004412

Having been named to accept service of process for the above stated Limited Partnership, at the place designated in this Certificate of Limited Partnership, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Dated: January \_\_\_\_\_, 2005.

2005 JAN -6 AM 8:51
SECRETARY OF STATE

2005

FAX AUDIT NO.: H05000004412

## AFFIDAVIT

STATE OF FLORIDA ): SS COUNTY OF MIAMI-DADE

BEFORE ME, a Notary Public, personally appeared Edgar Lewis, as an authorized representative of the EQUITYLINE PROPERTIES, INC., General Partner ("Affiant"), who, after first being duly sworn, under oath, deposes and states that:

- Affiant is an authorized representative of the EQUITYLINE PROPERTIES, INC., the General Partner, and is authorized to give this Affidavit.
- The EQUITYLINE PROPERTIES, INC. is the General Partner of a Limited Partnership to be formed under the Florida Revised Uniform Limited Partnership Act under the name NANTUCKET ASSOCIATES LTD.
- The capital contribution and anticipated capital of the initial limited partners is \$1,000.
- The Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely sweather to on penalties as provided by the laws of the state of floridation further certifies that he statements made in an instrument of this nature. Affiant further certifies that he has read the full facts of this affidavit and understands its contents.

FURTHER AFFIANT SAYETH NAUGHT.

Representative of

Authorized EQUITYLINE

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S

PROPERTIES, INC., the General

Partner

The foregoing instrument was acknowledged before me this 💇 January, 2005 by Edgar Lewis, who is personally known to me.

Print Name:

**NOTARY PUBLIC** 

State of Florida

My Commission Expires:

MJAMI 403751.1

