

A05000000181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

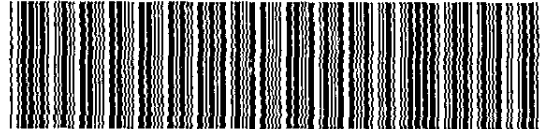
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01/26/05--01038--024 **1837.50

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05 JAN 26 AM 11:40

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

05 JAN 26 PM 12:46

DEPT. OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 1/26/05

REF. #: 0174.34147

CORP. NAME: COMFORT ASSOCIATES, LTD.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511158 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILE FIRST!
FILED
JAN 26 PM 12:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

COMFORT ASSOCIATES, LTD.,
a Florida limited partnership

The undersigned managing general partner desiring to form a limited partnership ("Partnership") pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state the following:

1. The name of the Partnership is:

COMFORT ASSOCIATES, LTD.

2. The mailing address of the Partnership is:

P.O. Box 49948
Sarasota, Florida 34230-6948

3. The principal office address of the Partnership is:

240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

4. The name and address of the registered agent of the Partnership is:

David S. Band
240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

5. The name and address of the managing general partner of the Partnership is:

Flamingo Consulting and Management, Inc., a Florida corporation
240 South Pineapple Avenue
10th Floor
Sarasota, Florida 34236

6. The Partnership shall have a perpetual existence, except as otherwise provided by law or in accordance with the Limited Partnership Agreement.

7. The effective date of this Partnership shall be the effective date of the filing of this Certificate of Limited Partnership with the Department of State.

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JAN 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

899000006398

The execution of this Certificate of Limited Partnership by the undersigned managing general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by David S. Band, as President of Flamingo Consulting and Management, Inc., a Florida corporation, as managing general partner of COMFORT ASSOCIATES, LTD., a Florida limited partnership, this 25th day of January, 2005.

WITNESSES:

FLAMINGO CONSULTING AND
MANAGEMENT, INC.,
a Florida corporation

Shayne A. Boggs
Print Name: SHAYNE A. BOGGS

Jack M. Maag
Print Name: JACK M. MAAG

By David S. Band
David S. Band, as its President


"MANAGING GENERAL PARTNER"

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

COMFORT ASSOCIATES, LTD.,
a Florida limited partnership

Having been named to accept service of process for COMFORT ASSOCIATES, LTD., a Florida limited partnership, at the place designated in the foregoing 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, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: 1/25/05


David S. Band

"REGISTERED AGENT"

STATE OF FLORIDA
COUNTY OF SARASOTA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

COMFORT ASSOCIATES, LTD.,
a Florida limited partnership

BEFORE ME, the undersigned Notary Public, personally appeared David S. Band, as President of Flamingo Consulting and Management, Inc., a Florida corporation, as managing general partner of COMFORT ASSOCIATES, LTD., a Florida limited partnership, ("Partnership,") who, upon being duly sworn, certified as follows:

1. The amount of the capital contributions of the limited partners of the Partnership is: \$4,510,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is: \$0.

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.

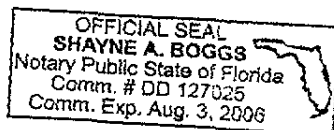
WITNESSES:

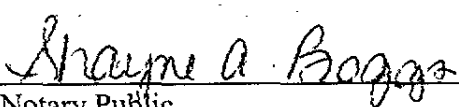
FLAMINGO CONSULTING AND
MANAGEMENT, INC.,
a Florida corporation

By: 
David S. Band, President

"MANAGING GENERAL PARTNER"

The foregoing instrument was acknowledged before me, this 25th day of January, 2005, by David S. Band, as President of Flamingo Consulting and Management, Inc., a Florida corporation, as managing general partner of COMFORT ASSOCIATES, LTD., a Florida limited partnership, who is personally known to me and who did not take an oath.




Notary Public
Print Name SHAYNE A. BOGGS
My Commission Expires _____