

A05 0000000512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

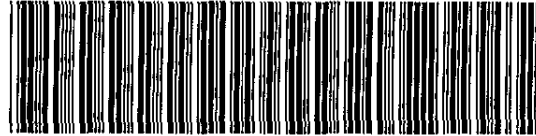
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05 MAR 14 PM 15:15
DIVISION OF CORPORATIONS

FILED
05 MAR 14 PM 2:27
SECRETARY 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: CINDY

DATE: 3-14-05

REF. #: 0672.35790

CORP. NAME: NAIDIP EQUITY LIMITED PARTNERSHIP

- | | | |
|--|---|--|
| <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# 1376 FOR \$ 1,862.50

****PLEASE RETURN A REFUND APPLICATION FOR THE DIFFERENCE OF \$68.75**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

FILED
05 MAR 14 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL 32304

**CERTIFICATE OF LIMITED PARTNERSHIP OF
NAIDIP EQUITY LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida:

1. **Name of Limited Partnership.** The name of the Limited Partnership shall be **NAIDIP EQUITY LIMITED PARTNERSHIP** (the "Limited Partnership").

2. **Business Address of Limited Partnership.** The business address of the Limited Partnership shall be **106 South Hoover Boulevard, Tampa, FL 33609.**

3. **Registered Agent.** The name of the Limited Partnership's registered agent for service of process is **F&L Corp.**

4. **Florida Street Address for Registered Agent.** The street address of the Registered Agent is **One Independent Drive, Suite 1300, Jacksonville, FL 32202.**

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, 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 this ____ day of March, 2005.

F&L CORP

By:

Martin A. Traber, Vice President

5. **Name and Address of the General Partner.** The name and address of the sole General Partner are as follows:

Name

Address

Naidip General Partners, Inc.

106 S. Hoover Blvd.
Tampa, FL 33609

90500062602

6. **Mailing Address for the Limited Partnership.** The mailing address for the Partnership shall be **106 S. Hoover Blvd., Tampa, FL 33609.**

7. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **NAIDIP EQUITY LIMITED PARTNERSHIP.**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AND KNOW THE CONTENTS THEREOF AND THAT THE FACTS STATED THEREIN ARE TRUE AND CORRECT.

SIGNATURES OF ALL GENERAL PARTNERS:

DATED this 9 day of March, 2005.

GENERAL PARTNER:

NAIDIP GENERAL PARTNERS, INC.

By: Pradip C. Patel
Pradip C. Patel, President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
NAIDIP EQUITY LIMITED PARTNERSHIP**

The undersigned, being the sole General Partner of **NAIDIP EQUITY LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership"), who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$10.00 of capital to the Partnership.
2. It is anticipated that the limited partners will make additional contributions in the future in the amount of \$5,000,000.00.

DATED this 9th day of March, 2005.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that she has read the foregoing and that the facts alleged are true, to the best of her knowledge and belief.

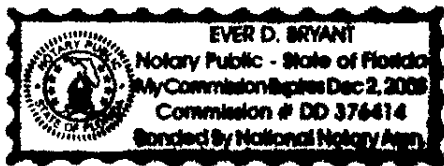
GENERAL PARTNER:

NAIDIP GENERAL PARTNERS, INC.

By: Pradip C. Patel
Pradip C. Patel, President

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 9th day of March, 2005, by PRADIP C. PATEL, as President of NADIP GENERAL PARTNERS, INC. the General Partner of the Partnership, who is personally known to me or who produced _____ as identification.



Ever D. Bryant
Notary Public
Print Name: Ever D. Bryant
Commission No: DD 376414
My Commission Expires: 12-2-2008