

A05000001119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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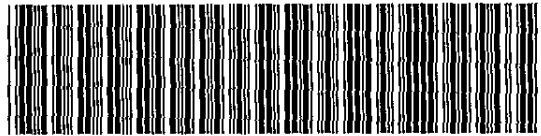
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6/06/05

Requestor's Name  
Roth Roussio, % Patricia  
Address  
18851 NE 29 Ave. 900  
Oventura, FL 33180  
City State ZIP Phone

0000

CORPORATION(S) NAME

Orchid Island Fort Myers, LTD

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution        | <input checked="" type="checkbox"/> Other           |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Photo Copies                   | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> Mail Out                   |
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Empire Toll Free: 1-800-432-3028

**CERTIFICATE OF LIMITED PARTNERSHIP**

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1. ORCHID ISLAND FORT MYERS, LTD.

(Name of Limited Partnership)

2. 1550 NE MIAMI GARDENS DRIVE, SUITE 405, NORTH MIAMI BEACH, FL 33179

(Business Address of Limited Partnership)

3. Mark E. Rousso, Esq.

(Name of Registered Agent for Service of Process)

4. 18851 NE 29<sup>th</sup> Avenue, Ste 900, Aventura, FL 33180

(Florida Street Address for Registered Agent)

5. \_\_\_\_\_

Registered Agent must sign here to accept designation as Registered Agent for Service of Process

6. 18851 NE 29<sup>th</sup> Avenue, Ste 900, Aventura, FL 33180

(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to dissolved is May 18, 2104.

8. Orchid Island General, LLC, a Florida limited liability company, 1550 NE Miami Gardens Drive, # 205, North Miami Beach, FL 33179.

(Name (s) of General Partner(s) and Street Address)

L05000055919

ORCHID ISLAND FORT MYERS, LTD, 1550 NE MIAMI GARDENS DRIVE, # 405,  
AVENTURA, FL 33179

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

Signed this 23 day of May, 2005

Signature of all general partners:

**Orchid Island General, LLC,**  
a Florida limited liability company

By: \_\_\_\_\_

Ron Davidson, Manager

## **AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

*The undersigned constituting all of the general partners of*

**ORCHID ISLAND FORT MYERS, LTD.**, *a Florida Limited Partnership, certify:*


The amount of capital contributions to date of the limited partners is \$350,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$3,000,000.00

FURTHER AFFIANT SAYETH NOT.

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

General Partner  
**Orchid Island General, LLC,**  
a Florida limited liability company

  
By: Ron Davidson, Manager

This 23 day of May 2005