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**CORPORATE
ACCESS,
INC.**

1116-D Thomasville Road
Mount Vernon Square
Tallahassee, Florida 32303
(904) 222-2666
(904) 222-1666 (Fax)
(800) 969-1666

GLINDA P. BENNETT
Personal Representative

400001385694
-02/01/95--01087--007
****595.00 ****595.00

OFFICE USE ONLY

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

1. Blue Nile II Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 1-26 1:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 AM 11:31

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

G. TAX _____
FILING 560
R. AGENT FEE 35
G. COPY _____
TOTAL 595
N. BANK _____
BALANCE DUE _____
RETRND _____

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

1/24/95
Examiner's Initials Jan

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

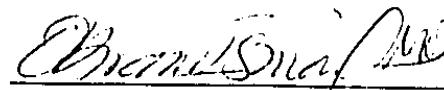
1. The name of the limited partnership is Blue Nile II Limited Partnership.
2. The address of the office of the limited partnership is 1218 West Dixie Avenue, Suite A, Leesburg, Florida 34748.
3. The name of the limited partnership's agent for service of process is Moustafa Seddie, M.D., 1218 West Dixie Avenue, Suite A Leesburg, Florida 34748.
4. The name and the business address of the general partner is Blue Nile II, Inc., 1218 West Dixie Avenue, Suite A, Leesburg, Florida 34748.
5. The mailing address of the limited partnership is 1218 West Dixie Avenue, Suite A, Leesburg, Florida 34748.
6. The latest date upon which the limited partnership is to dissolve is December 31, 2045.
7. The purpose of the limited partnership is to carry on, in the State of Florida, and elsewhere, the business of acquiring, holding, selling, and leasing real property.

GENERAL PARTNER

BLUE NILE II, INC.

January 25, 1995

By:



Akram Ismail, M.D., President

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AFFIDAVIT REGARDING CAPITAL CONTRIBUTION

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared Akram Ismail, M.D., Jr., who represented himself to be the President of Blue Nile II, Inc., General Partner of the Blue Nile II Limited Partnership, and after being duly sworn, declared that the following constitutes a complete list of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners to the Blue Nile II Limited Partnership.

LIMITED PARTNERS	PROPERTY CONTRIBUTION	VALUE
Akram Ismail, M.D.	A promissory note assumed by the Blue Nile II Limited Partnership as a condition of the receipt of real estate contributed by the General Partner in return for an interest in the Limited Partnership	\$40,000
Moustafa Seddic, M.D.	A promissory note assumed by the Blue Nile II Limited Partnership as a condition of the receipt of real estate contributed by the General Partner in return for an interest in the Limited Partnership	\$40,000

At this time, no additional capital contributions are anticipated to become payable by the Limited Partners.

FURTHER AFFIANT SAYETH NAUGHT.

BLUE NILE II, INC.

By: _____

Akram Ismail, M.D., President

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SWORN TO AND SUBSCRIBED before me this 25 day of January, 1995, by Akram Ismail, M.D., who is personally known to me or has produced _____ as identification, and who personally appeared before me at the time of notarization.

Betty H. HoVIS
Notary Public - State of Florida

NOTARY SEAL.

Print Name: Betty H. HoVIS

Commission No. CC-231936

My Commission Expires 9-28-96



OFFICIAL SEAL
BETTY H. HOVIS
My Commission Expires
Sept. 28, 1996
Comm No. CC 231936

CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE
SERVICE OF PROCESS WITHIN FLORIDA AND REGISTERED
AGENT UPON WHOM PROCESS MAY BE SERVED


In compliance with Section 620.192, Florida Statutes, the following is submitted:

BLUE NILE II LIMITED PARTNERSHIP, a limited partnership formed pursuant to the laws of the State of Florida with its registered office at 1218 West Dixie Avenue, Suite A, Leesburg, Florida 34748, has named and designated Moustafa Seddic, M.D., as its Registered Agent to accept service of process within the State of Florida at said address.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above-named limited partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as Registered Agent.

Dated this 25th day of January, 1995.


Moustafa Seddic, M.D.
Registered Agent

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