Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

A95000000130

CSC networks

Mail To:
P.O. Box 5820
Tallahassee, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 530715 80716A

AUTHORIZATION :

COST LIMIT : $ PPD

200001395692
-02/01/95--01087--004
***1846.25 ***1846.25

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

ORDER DATE : January 26, 1995

ORDER TIME : 9:42 AM

ORDER NO. : 530715

CUSTOMER NO: 80716A

RUSH WILL WAIT

CUSTOMER: Adron H. Walker, Esq
BLALOCK LANDERS WALTERS &
VOGLER, PA
802 11th Street W.

Bradenton, FL 34205

200001395692
-02/01/95--01087--005
*****61.25 *****61.25

DOMESTIC FILING

BK 1/26/95

NAME: ST. LUCIE S.C. COMPANY, LTD.

R94000005944

______ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY X(2)
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING X(2)

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS

C. TAX	Cert 17.50
FILING	7.50
AGENT FEE	35.00
FEE	1,...00
TOTAL	$1,907.50
BALANCE DUE	
REFUND	

AFFIDAVIT AND CERTIFICATE OF LIMITED PARTNERSHIP OF St. Lucie S.C. Company, Ltd.

The undersigned General Partner, after being duly sworn, does hereby execute this Affidavit and Certificate of Limited Partnership pursuant to §620.108, Fla. Stat. (1993), in order to create and form a limited partnership to exist in accordance with the provisions of Chapter 620, Fla. Stat. (1993), as amended, and hereby state as follows:

1. The name of the limited partnership is St. Lucie S.C. Company, Ltd. The Registered Agent for service of process on the limited partnership shall be St. Lucie General, Inc., which is a domestic corporation created in the State of Florida, and which maintains an office at 8931 N. Florida Avenue, Tampa, Florida 33604.

2. The name and address of the General Partner is as follows: St. Lucie General, Inc., 8931 N. Florida Avenue, Tampa, Florida 33604.

P94000091206

3. The mailing address and the street address of the principal office of the limited partnership is: 8931 N. Florida Avenue, Tampa, Florida 33604.

4. The latest date upon which the limited partnership is to dissolve is December 31, 2044.

5. All of the capital of the limited partnership has been or will be contributed in the form of cash by the general partner and the limited partners. At the time of formation, the amount of capital contributed by the limited partners of the limited partnership is $300,000.00 and the amount of additional capital anticipated to be contributed by the limited partners is $2,700,000.00 for a total of $3,000,000.00.

IN WITNESS WHEREOF, this Affidavit and Certificate is executed this 25th day of January, 1995.

FILED
95 JAN 26 AM 11:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WITNESSES:

St. Lucie S.C. Company, Ltd.,
a Florida limited partnership,
By: St. Lucie General, Inc.,
a Florida corporation,
General Partner

By: _____
Leonard Levin, President

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was subscribed and sworn to before me this 25th day of January, 1995, by Leonard Levin, as President of St. Lucie General, Inc.,
☒ who is/are personally known to me,
☐ who produced _____
as identification, and who acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed under authority duly vested in him by said corporation as General Partner of St. Lucie S.C. Company, Ltd.

My Commission Expires:
Notary Public, State of Florida
My Commission Expires Dec. 18, 1997

_____
Signature

_____
Print Name

NOTARY PUBLIC - STATE OF FLORIDA

Commission No. _____

The undersigned hereby accepts the designation as Registered Agent of the above-named Limited Partnership, and is familiar with and accept the obligations of the position.

St. Lucie General, Inc., Registered Agent

BY: _____
Leonard Levin, President

11:09:21200 581.95

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 29 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000130

ST. LUCIE S.C. COMPANY, LTD.

96-AR
CM

Mailing Address
8931 N. FLORIDA AVENUE
TAMPA FL 33604

Principal Office Address
8931 N. FLORIDA AVENUE
TAMPA FL 33604

2. New Mailing Address, if Applicable
1733 Fletcher Avenue
Tampa, FL 33612

2a. New Principal Office Address, if Applicable
1733 Fletcher Avenue
City, State & Zip: Tampa, FL 33612

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/26/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$3,000,000.00		59-3290023

7. CERTIFICATE OF STATUS REQUIRED — Applied For / Not Applicable — $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
ST. LUCIE GENERAL, INC.
8931 N. FLORIDA AVENUE
TAMPA FL 33604

10. If changed, new Registered Agent/Office
Name: West
Street Address (P.O. Box Number Is Not Acceptable): 1733 Fletcher Avenue
Suite, Apt. # etc.
City: Tampa FL Zip Code: 33612

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ST. LUCIE GENERAL, INC.	8931 N. FLORIDA AVENU	TAMPA FL 33604	P94000091206

576.25 FF

1000016S2961
-12/05/95--01017--010
******.50 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is [illegible] and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for [illegible] the information contained on this annual report. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; [illegible] that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

St. Lucie General, Inc.
By: Leonard Levin, President

Typed or Printed Name of General Partner Signing Form

DATE 4/26/95

Telephone Number 423-584-4175

CR2E003 (6/95)

0003226