A95000000136

01-26-1995 02:56PM FOLEY/LARDNER/JACKSONVILE 9043597000 P.02

** INVALID SELECTION...PLEASE RE-ENTER **
ENTER/SELECTION AND <CR>FLORIDADIVISION OF CORPORATIONS 11:39 AM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING REQUEST

	--KEY--
1. PROCESS ELECTRONIC FILING REQUEST ($)	**NO KEY**
2. ABANDON ELECTRONIC FILING REQUEST AND RETURN TO MENU	**NO KEY**

---- ELECTRONIC FILING INFORMATION FOR A FLORIDA LIMITED PARTNERSHIP ----
3. NUMBER OF PAGES IN DOCUMENT TO BE FILED: 4
4. CERTIFIED COPY (0-9) : 0 5. METHOD OF DELIVERY (F/M/B): F
6. CERTIFICATE OF STATUS (0-9): 0
7. LIMITED PARTNERSHIP NAME: MITIGATION SOLUTIONS II, LTD.
8. TOTAL ANTICIPATED CAPITAL CONTRIBUTIONS: $7,500.00
(IF GREATER THAN $250,000 ENTER ONLY 250000)

*** SUMMARY OF FILING FEES ***

FILING FEE:	$52.50
REGISTERED AGENT:	$35.00
CERTIFIED COPY:	$0.00
CERTIFICATE OF STATUS:	$0.00
ESTIMATED CHARGE:	$87.50

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS 11:44 AM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING CONFIRMATION

YOU HAVE REQUESTED TO SUBMIT THE FOLLOWING DOCUMENT:

TYPE: EFILO5
CORPORATE NAME: MITIGATION SOLUTIONS II, LTD. A95-136
SUB-ACCOUNT NUMBER:
METHOD OF DELIVERY: F
FAX PHONE NUMBER: (904)359-8700
MAILING NAME/ADDRESS: FOLEY & LARDNER
200 LAURA ST
JACKSONVILLE FL 32202- US

CERTIFICATE(S) REQUESTED: NO
ESTIMATED CHARGES: $87.50 TC #7,500

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS 11:44 AM
PUBLIC ACCESS SYSTEM
(((H95000001057))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS	FROM: FOLEY & LARDNER
DEPARTMENT OF STATE	200 LAURA ST
STATE OF FLORIDA	
409 EAST GAINES STREET	JACKSONVILLE FL 32202-
TALLAHASSEE, FL 32399	CONTACT: KAREN PETERSON
FAX: (904) 922-4000	PHONE: (904) 359-2000
	FAX: (904) 359-8700
(((H95000001057)))	DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: MITIGATION SOLUTIONS II, LTD.	
FAX AUDIT NUMBER: H95000001057	CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/26/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 4
ESTIMATED CHARGE: $87.50

TIME REQUESTED: 11:44:39
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072720000061

Note: Please print this page and use it as a cover sheet when submitting documents to th Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
(((H95000001057)))
** ENTER 'M' FOR MENU. **
ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS 11:45 AM

PUBLIC ACCESS SYSTEM
ELECTRONIC PROCESSING MENU

	--KEY--
1. ENTER PASSWORD	PASSWORD/NEWPASSWORD
2. REQUEST ELECTRONIC FILING	DOCUMENT TYPE
3. REQUEST ELECTRONIC CERTIFICATE	CORPORATE DOCUMENT NUMBER
4. ALTER DEFAULTS FOR THIS SESSION	*** NO KEY ***
5. RESTORE ORIGINAL DEFAULTS	*** NO KEY ***
6. ELECTRONIC FILING INQUIRY MENU	*** NO KEY ***
7. RETURN TO MAIN MENU	*** NO KEY ***

--- CURRENT DEFAULTS ---

ACCOUNT NAME: 072720000061 AVAILABLE BALANCE: $1333.75
SUB ACCOUNT:
METHOD OF DELIVERY: F FAX NUMBER: (904)359-8700
MAIL NAME: FOLEY & LARDNER
MAIL ADDR1: 200 LAURA ST
MAIL ADDR2:
CITY: JACKSONVILLE ST: FL ZIP: 32202- COUNTRY: US
ENTER SELECTION NUMBER, 1 THRU 7, A BLANK AND THE KEY (IF REQUIRED).

ENTER/SELECTION AND <CR>FLORIDA DIVISION OF CORPORATIONS 11:45 AM

PUBLIC ACCESS SYSTEM
ELECTRONIC PROCESSING MENU

	--KEY--
1. ENTER PASSWORD	PASSWORD/NEWPASSWORD
2. REQUEST ELECTRONIC FILING	DOCUMENT TYPE
3. REQUEST ELECTRONIC CERTIFICATE	CORPORATE DOCUMENT NUMBER
4. ALTER DEFAULTS FOR THIS SESSION	*** NO KEY ***
5. RESTORE ORIGINAL DEFAULTS	*** NO KEY ***
6. ELECTRONIC FILING INQUIRY MENU	*** NO KEY ***
7. RETURN TO MAIN MENU	*** NO KEY ***

--- CURRENT DEFAULTS ---

ACCOUNT NAME: 072720000061 AVAILABLE BALANCE: $1333.75
SUB ACCOUNT:
METHOD OF DELIVERY: F FAX NUMBER: (904)359-8700
MAIL NAME: FOLEY & LARDNER
MAIL ADDR1: 200 LAURA ST
MAIL ADDR2:
CITY: JACKSONVILLE ST: FL ZIP: 32202- COUNTRY: US
ENTER SELECTION NUMBER, 1 THRU 7, A BLANK AND THE KEY (IF REQUIRED).

** INVALID SELECTION...PLEASE RE-ENTER **
ENTER/SELECTION AND <CR>: 7 FLORIDA 11:45 AM

DIVISION OF CORPORATIONS
PUBLIC ACCESS

01-26-1995 02:55PM FOLEY & LARDNER/JACKSONVILLE 9043590781 P.01

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240
THE GREENLEAF BUILDING
200 LAURA STREET 32202-3520
TELEPHONE (904) 359-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
CHICAGO, ILLINOIS
WASHINGTON, D.C.
ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations FAX NO.: (904)922-4000

FROM: Migdalia Figueron FAX NO.: (904) 359-0509

DATE: January 26, 1995 TIME: 2:26pm

NO. OF PAGES (including this page): 7

MESSAGE:

OPERATOR: MF
FILE NO.: 71441/114

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 359-2000

cjbffax

Fax Audit No. H95000001057

CERTIFICATE OF LIMITED PARTNERSHIP
OF
Mitigation Solutions II, Ltd.

The undersigned, being the general partner of Mitigation Solutions II, Ltd., a limited partnership existing under the laws of the State of Florida, for the purpose of satisfying the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act, hereby adopt, duly execute and file, in accordance with Section 620.108, the following as its Certificate of Limited Partnership:

1. Name. The name of the partnership is Mitigation Solutions II, Ltd.

2. Address. The mailing address and street address of the partnership are both as follows:

   c/o John J. Allen
   1301 Riverplace Blvd., Suite 2552
   Jacksonville, Florida 32207

3. Registered Agent. The name and address of the agent for service of process is as follows:

   Laura Henry Allen
   200 Laura Street, Third Floor
   Jacksonville, Florida 32202

4. General Partner. The name and business address of the general partner is as follows:

   Mitigation Solutions, Inc.
   1301 Riverplace Blvd., Suite 2552
   Jacksonville, Florida 32207

   P94-13173

5. Termination. The latest date upon which the limited partnership is to dissolve, wind up and liquidate is December 31, 2040.

This Certificate of Limited Partnership of Mitigation Solutions II, Ltd., has been executed in accordance with Section 620.114 on the 26th day of January, 1995. By such execution, the general partner whose signature is set forth below hereby affirms, under the penalties of perjury, that the facts stated herein are true.

GENERAL PARTNER
Mitigation Solutions, Inc.

By: John J. Allen
John J. Allen, President

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

Fax Audit No. H95000001057

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service for Mitigation Solutions II, Ltd., at the place designated in the above 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. I am familiar with and I accept the obligations of a registered agent.

AGENT

By: _____
Laura Henry Allen

Date: Jan. 26, 1995

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared John J. Allen, President of Mitigation Solutions, Inc., the sole general partner of Mitigation Solutions II, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. Capital contributions in the aggregate amount of $7,500.00 have been made by limited partners as of the date hereof.

2. No additional capital contributions are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANT SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 26 day of January, 1995.

John J. Allen
John J. Allen

The foregoing instrument was acknowledged before me this 26th day of January, 1995 by John J. Allen. Such person did take an oath and: *(notary must check applicable box)*

☒ is/are personally known to me.

☐ produced a current Florida driver's license as identification.

☐ produced ______________________ as identification.

(Notary Seal must be affixed)

Wanda B. Anderson
Signature of Notary

____
Name of Notary (Typed, Printed or Stamped)

Commission Number *(if not legible on seal)*: ______________

My Commission Expires *(if not legible on seal)*: ______________

WANDA B. ANDERSON
MY COMMISSION # CC 258136
EXPIRES: February 25, 1997
Bonded Thru Notary Public Underwriters

Fax Audit No. H95000001057

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared John J. Allen, personally known to me to be President of Mitigation Solutions, Inc., a Florida corporation (the "Company") who, being by me duly sworn, certified as follows:

1. He is the President of Mitigation Solutions, Inc., a Florida corporation.

2. On behalf of Mitigation Solutions, Inc. he hereby consents to the use of the name "Mitigation Solutions II, Ltd." for a new limited partnership, the parties in interest of which will be affiliated with those of Mitigation Solutions, Inc., to be formed by John J. Allen as General Partner.

3. This Affidavit is made to induce the Florida Department of State to accept for filing the Certificate of Limited Partnership of Mitigation Solutions II, Ltd. filed on behalf of John J. Allen.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 26th day of January, 1995.

Mitigation Solutions, Inc.

By: John J. Allen
John J. Allen, President

Sworn to and subscribed before me
this 26th day of January, 1995.

Wanda B. Anderson
Notary Public, State of Florida at Large

____
Print or Type Name

____
Commission No.

My commission expires:

WANDA B. ANDERSON
MY COMMISSION # CC 238135
EXPIRES: February 25, 1997
Bonded Thru Notary Public Underwriters

Fax Audit No. H95000001057

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 28 AM 10:02
IK 1/15

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

MITIGATION SOLUTIONS II, LTD.

1a. DOCUMENT #
A95000000136

Mailing Address
% JOHN J. ALLEN
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

Principal Office Address
% JOHN J. ALLEN
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

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

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 01/26/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $7,500.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 59-3289288

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
$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

MITIGATION SOLUTIONS, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

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

10a. Pursuant to the provisions of sections 620.1051 a ... 620.192, 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 as registered agent. I am familiar with, and accept the obligations of section 620.192, 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
MITIGATION SOLUTIONS, INC.	1301 RIVERPLACE BLVD.	JACKSONVILLE FL 32207	P94000013173

500001680775
-01/05/96--01111--024
****191.25 ****191.25

CR2E003 (6/95)

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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify 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

JOHN J. ALLEN
Typed or Printed Name of General Partner Signing Form

DATE 20 Dec. 1995

Telephone Number 904-391-0008

0000478