

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0191 FAX

800-342-8086

CSC networks

MAIL TO:
P.O. Box 5820
TALLAHASSEE, FL 32314

ACCOUNT NO. : 0721000000032

REFERENCE : 531540 6517A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : January 27, 1995

ORDER TIME : 9:56 AM

ORDER NO. : 531540

CUSTOMER NO: 6517A

CUSTOMER: Mary Fendle, Legal Assistant
DEAN MEAD EGERTON BLOODWORTH
CAPOUANO & BOZARTH, P.A.
Post Office Box 2346

Orlando, FL 32802-2346

DOMESTIC FILING

NAME: NEWPORT PARTNERS XV, LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Hamilton

EXAMINER'S INITIALS:

RECEIVED
JAN 27 1995
OFFICE OF CORPORATION

FILED STATE
SECRETARY OF CORPORATIONS
95 JAN 27 PM 3:08
DIVISION OF CORPORATIONS

307001795603
02/01/95-010810063
****148.75 ****148.75

File 2nd

G. TAX FILING 52.572
R. AGENT FEE 35.00
G. COPY 52.572
TOTAL 138.075
V. BANK 148.75
BALANCE DUE

1/27/95

131

CERTIFICATE OF LIMITED PARTNERSHIP
OF
NEWPORT PARTNERS XV, LTD.

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:08

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.186, Florida Statutes, hereby states the following:

1. The name of the Partnership is "NEWPORT PARTNERS XV, LTD."

2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

3. The name of the agent for service of process on the Partnership shall be Peter S. Cahall, 300 International Parkway, Suite 270, Heathrow, Florida 32746.

4. The name and business address of the General Partner are:

<u>Name</u>	<u>Address</u>
Newport Partners XV, Inc.	300 International Parkway Suite 270 Heathrow, Florida 32746

5. The mailing address for the Partnership is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

6. The latest date upon which the Partnership shall dissolve is January 31, 2041.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 26th day of January, 1995.

GENERAL PARTNER

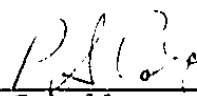
NEWPORT PARTNERS XV, INC., a Florida corporation/

By: Peter S. Cahall
Peter S. Cahall, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT



Peter S. Cahall

Date: January 26, 1995

FILED STATE
SECRETARY OF CORPORATIONS
JAN 27 PM 3:08

STATE OF FLORIDA
COUNTY OF SEMINOLE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

SECRET FILED STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:08

BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XV, INC., the sole general partner of NEWPORT PARTNERS XV, LTD., a Florida limited partnership (the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$100.00.
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER

NEWPORT PARTNERS XIV, INC.

Date: January 26, 1995

By: Peter S. Cahall
Peter S. Cahall, President

Sworn to and subscribed before me this 26 day of January, 1995, by Peter S. Cahall, President of Newport Partners XV, Inc., as General Partner on behalf of Newport Partners XV, Ltd., a Florida limited partnership. He (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____

Bonnie L. Pratt
Print Name: Bonnie L. Pratt
Notary Public - State of Florida
Commission No.: _____
My Commission Expires: _____



BONNIE L. PRATT
My Commission CG41510
Expires Nov 29 1998
Bonded by HAI
800 422 1555

A95000000147

OFFICE USE ONLY (Document #)

Newport Partners XV, Ltd.
(Requestor's Name)

300 International Parkway, Suite 270
(Address)

Heathrow, FL 32746
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☒	Amendment Supplemental Affidavit
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

600001636716
-01/11/96--01044--006
***2326.25 ***1750.00

increasing to
\$396,000.00

1750.00

Examiner's Initials dce

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of _____
Amport Partners XV, LTD, a Florida
Limited Partnership, executed this supplemental affidavit filed pursuant to section
620,112, Florida Statutes.

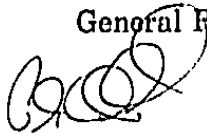
The total amount of the capital contributions of the limited partners is \$ 596,000.

This 4 day of December, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts
are true, to the best of my knowledge and belief.

General Partner



FILED
96 JAN -2 11:00
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

FEES: \$7 per \$1000, based on the additional contributions
Minimum \$52.50 - Maximum \$1750

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 Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000147

NEWPORT PARTNERS XV, LTD.

Mailing Address

300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32748

Principal Office Address

300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32748

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

3. Date Formed or Registered to Do Business in
FLORIDA 01/27/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record

\$100.00

5b. Amount of Capital Contributions in
FLORIDA to date

396,000

6. FID Number

59-3302540

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 607.191, 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

CAHALL, PETER S
300 INTERNATIONAL PARKWAY, SUITE 270
HEATHROW FL 32748

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt. #, etc.

City

Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 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 of 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)

NEWPORT PARTNERS XV, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

300 INTERNATIONAL PAR

11b. City, State & Zip Code

HEATHROW FL 32748

11c. Registration/
Document Number

P95000007342

3000001686713
-01/11/96--01044--006
***2326.25 ***576.25

File as doc

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)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) 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

DATE

12/11/95

Typed or Printed Name of General Partner Signing Form

Peter S Cahall

Telephone Number

407-333-2905