

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

A950000000222
 NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Name	2/16/95
Availability	dec
Document Examiner	DCC
Verifier	DCC
Uproa	DCC
Verifier	DCC
Acknowledgment	DCC
W. P. Verifier	DCC

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK

WALK-IN
 Will Pick Up 2-16-12-00

RE: Plaza Associates
Limited Partnership

	C.C. FEE.	DISBURSED
Capital Expenses		
Articles of Incorporation		
Corp. Record Book		
Ltd. Partnership Filing		
Foreign Corp. Filing		
() Cert. Copy(s)		
Art. of Amend. Filing		
Dissolution/Withdrawal		
C U S -		
Fictitious Name Filing		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 Filing		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		

SUBTOTALS

C. TAX 138.75

FEE	
DISBURSED	
SURCHARGE	
TAX on corporate supplies	
REFUND	
SUBTOTAL	
PREPAID	
BALANCE DUE	

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

FOR

PLAZA ASSOCIATES LIMITED PARTNERSHIP

In conformity with Chapter 620, Fla. Stat. (1993) Partnership Laws of the State of Florida, SM-Plaza, Inc., General Partner of Plaza Associates Limited Partnership, executes this Certificate of Limited Partnership and provides the information required by the referenced statute with the intention of establishing a limited partnership in the state of Florida.

NAME:

PLAZA ASSOCIATES LIMITED PARTNERSHIP

Mailing Address of the Principal Office in the State of Florida:

c/o SMG Property Management, Inc.
351-6th Avenue, West
Bradenton, Florida 34205

Resident Agent for Service of Process:

John S. Newsome
c/o SMG Property Management, Inc.
351-6th Avenue, West
Bradenton, Florida 34205

Sole General Partner:

SM-Plaza, Inc., a Florida Corporation
c/o SMG Property Management, Inc
351-6th Avenue, West
Bradenton, Florida 34205

The Latest Date upon which the Limited Partnership is to Dissolve:

December 31, 2044

The undersigned herein certifies the facts set forth in this Certificate of Limited Partnership are true and correct, under penalty of perjury.

Plaza Associates Limited Partnership
By SM-Plaza, Inc.
General Partner

By: [Signature]
Name: Michael J. Doyle
Title: Vice President
Date: FEBRUARY 13, 1995

FILED
FEB 17 PM 1:20

AFFIDAVIT OF CAPITAL CONTRIBUTION

The undersigned herein certifies under penalty of perjury that the capital contributions of the Limited Partners of Plaza Associates Limited Partnership are as follows:

John S. Newsome	\$100.00
Michael J. Doyle	\$100.00
Louis Edmondson	\$100.00

Plaza Associates Limited Partnership
By SM-Plaza, Inc.
General Partner

By: [Signature]
Name: Michael J. Doyle
Title: Vice President
Date: FEBRUARY 13, 1995

FILED
FEB 17 PM 1:20

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STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 13th day of February, 1995, by MICHAEL J. DOYLE,

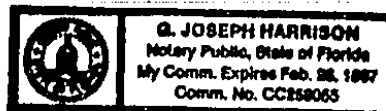
✓ who is personally known to me,
 who has produced _____ as identification,
and who did take an oath, and who acknowledged to and before me that he executed the same freely and voluntarily for the purposes therein expressed.

[Signature]
Signature

Print Name

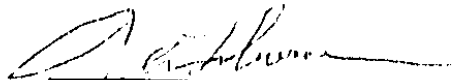
NOTARY PUBLIC - STATE OF FLORIDA

Commission No. _____



ACCEPTANCE

I HEREBY ACCEPT to act as initial Registered Agent for PLAZA ASSOCIATES LIMITED PARTNERSHIP as stated in the Certificate of Limited Partnership.



JOHN S. NEWSOME
Registered Agent

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1935 FEB 17 PM 1:20
FBI - OKLA

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DOCUMENT # A9500000222

Plaza Associates Limited Partnership

FILED

25 JUL -3 AM 9:54

TALLAHASSEE, FLORIDA

2. 301 6th Avenue West

3. 301 6th Avenue West

4. 2/17/95

Bradenton, Florida

Bradenton, Florida

5. 65-0073747

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

34205 USA

34205 USA

7. State of Incorporation Florida

8a. Filing Fees

\$300.00

FEES:
 Filing Fees: Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office.
 2) Supplemental Fees: \$136.75 for each year due this office, beginning with 1992 calendar year.
 3) Penalty Fees: \$500 penalty fee for each year report form is delinquent.
 Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributed

\$300.00

9. Name and Address of Current Registered Agent

10. If changed, new registered agent office

Newcome, John S.
 c/o SMC Property Management, Inc.
 351 6th Avenue West
 Bradenton, Florida 34205

Name
 Street Address (P.O. Box Number is Not Accepted) 400001890524
 -07/11/96--01017--032
 City Apt # etc ***\$500.00 ***\$500.00
 City FL Zip Code

10a. Pursuant to the provisions of sections 620.11(1), (2), 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 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 signing this statement in compliance with the provisions of sections 620.11(2), Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration Document Number

SM- Plaza, Inc.

351 6th Avenue West

Bradenton, Florida 34205

99500013234

REINSTATEMENT 96-6M

400001890524
 -07/11/96--01017--033
 ***\$191.25 ***\$191.25

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

12. I, the undersigned, certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Section 114.07, Florida Statutes. I am aware that the information supplied with this filing is subject to public access. I further certify that the information supplied on this filing is true and correct, and that my signature shall have the same legal effect as if made under oath. I further certify that I am a general partner of the limited partnership being changed on this filing. I am signing this statement in compliance with the provisions of chapter 114, Florida Statutes.

SIGNATURE X

DATE 6/25/96

CR2009 (4/95)