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

_____ of _____

RE: Plaza Associates
Limited Partnership

95

A95000000222

NAME _____
FIRM _____
ADDRESS _____

PHONE ( ) _____

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

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

W95000003627

Name Availability 2/16/95 dcr	
Document Examiner	DCC
[illegible]	DCC
Update Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

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

200001410272
-02/20/95--01054--002
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95 FEB 17 PM 1:20
FILED

SUBTOTALS — C. TAX ... 138.75

FILING FEE ... 52.50
R. AGENT FEE
DISBURSED
CERT. COPY
SURCHARGE
TOTAL
R. ...
TAX on corporate supplies
BALANCE DUE
REFUND
SUBTOTAL $
PREPAID $
BALANCE DUE $
$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	AAK		

A95000000222

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

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

11-2528-7 PONDER'S INC., THOMASVILLE, GA.

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

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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:

P95000013234

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: _____
Name: Michael J. Doyle
Title: Vice President
Date: FEBRUARY 13, 1995

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: _____
Name: Michael J. Doyle
Title: Vice President
Date: February 13, 1995

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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

_____
Print Name
NOTARY PUBLIC - STATE OF FLORIDA
Commission No._____

G. JOSEPH HARRISON
Notary Public, State of Florida
My Comm. Expires Feb. 28, 1997
Comm. No. CC258065

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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LIMITED PARTNERSHIP

DOCUMENT # A95000000222

FILED
95 JUL -3 AM 9:54
TALLAHASSEE, FLORIDA

1. Plaza Associates Limited Partnership

2. 301 6th Avenue West
Bradenton, Florida
Zip 34205 | Country USA

3. 351 6th Avenue West
Bradenton, Florida
Zip 34205 | Country USA

4. 2/17/95

5. 65-0573747

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

7. Florida

8a. $300.00

8b. FLORIDA $300.00

FEES: 1) Filing Fee(s): 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 Fee(s): $138.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is a greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

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

10. If changed, new registered agent office

Name

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

400001890524
-07/11/96--01017--032
****500.00 ****500.00

Suite, Apt. #, etc.

City | FL | Zip Code

10a. Pursuant to the provisions of sections 620.1*, 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 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	P95000013234

REINSTATEMENT 96-CM

400001890524
-07/11/96--01017--033
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CR2E039 (4/95)

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

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership as required by chapter 620, Florida Statutes.

SIGNATURE X [signature] DATE 6/25/96

SM-Plaza, Inc. By Michael J. Duke, V.P. (941) 747-8788