

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32314
904-222-0171
904-222-0191 FAX

CSC networks

MAIL TO:
P.O. Box 5028
TALLAHASSEE, FL 32314

800-342-8086

A95000000370

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR -9 AM 11:25

ACCOUNT NO. : 072100000032

REFERENCE : 557859 6469A

AUTHORIZATION :

COST LIMIT : \$ 140.00

Patricia P. Pitt

200001425162

ORDER DATE : March 9, 1995

ORDER TIME : 10:47 AM

ORDER NO. : 557859

CUSTOMER NO: 6469A

CUSTOMER: Marlin J. Spear, Legal Assist
MAGUIRE VOORHIS & WELLS, P.A.

P. O. Box 633

Orlando, FL 32802

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95 MAR -9 AM 11:21
DIVISION OF CORPORATIONS

Rush

W / Wait

DOMESTIC FILING

RUSH W/W

NAME: H & S TALLAHASSEE, LTD.

ARTICLES OF INCORPORATION
☒ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

R45000000994

by 205

3/9/95

B/L

H & S TALLAHASSEE, LTD.
CERTIFICATE OF LIMITED PARTNERSHIP

FILED
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DIVISION OF CORPORATIONS
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The undersigned General Partner files this Certificate of Limited Partnership of H & S Tallahassee, Ltd. with the Florida Department of State in order to form a Limited Partnership pursuant to §620.108 of the Florida Revised Limited Partnership Act (1986) (the "Act").

1. Name. The name of the limited partnership is H & S Tallahassee, Ltd.

2. General Partner. The name and the business address of the General Partner of the Limited Partnership is:

H & S Tallahassee, Inc.
210 Crown Point, Suite 100
Longwood, Florida 32779

pg 5000019235

3. Recordkeeping Office. The address of the office at which the records of the partnership are maintained pursuant to the Act is 210 Crown Point, Suite 100, Longwood, Florida 32779.

4. Registered Agent and Registered Office. The name and address of the agent for service of process is:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

5. Partnership Mailing Address. The mailing address for the limited partnership is 210 Crown Point, Suite 100, Longwood, Florida 32779.

6. Latest Dissolution Date. The latest date upon which the limited partnership is to dissolve is December 31, 2095.

7. Affirmation. The General Partner hereby acknowledges that pursuant to the Act:

7.1 The execution of this Certificate by the General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

7.2 The General Partner accepts the liability imposed by the Act on a General Partner for a false statement contained in this Certificate; and

7.3 If, after the execution of this Certificate, the General Partner knows that any arrangement or other fact described in this Certificate has changed, making the statement inaccurate in any material respect, the General Partner will forthwith cause this

Certificate to be cancelled or amended, or file a petition for its
cancellation or amendment pursuant to the Act.

Executed this 8th day March, 1995.

H & S TALLAHASSEE, INC., a
Florida corporation

By: Eugene G. Hill
Eugene G. Hill,
President

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 MAR -9 AM 11:25

H & S TALLAHASSEE, LTD.
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

1. Capital Contributions. The undersigned General Partner of H & S Tallahassee, Ltd. declares the total amount of the Capital Contributions of the Limited Partner to the Limited Partnership to be Nine Hundred Ninety and no/100 Dollars (\$990.00) and the total amount of Capital Contributions contributed and anticipated at this time to be contributed by the Limited Partner to the Limited Partnership to be Nine Hundred Ninety and no/100 Dollars (\$990.00).

2. Affirmation. The General Partner hereby acknowledges that pursuant to the Act:

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

2.2 The General Partner accepts the liability imposed by the Act on a General Partner for a false statement contained in this Affidavit.

2.3 If, after the execution of this Affidavit, the General Partner knows that any fact described in this Affidavit has changed, making the statement inaccurate in any material respect, the General Partner will forthwith cause this Affidavit to be supplemented by filing a supplemental affidavit with the Department of State pursuant to the Act.

Executed by the General Partner on the date set forth below.

H & S TALLAHASSEE, INC.,
a Florida corporation

Date: March 8, 1995

By: Eugene G. Hill
Eugene G. Hill, President

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DIVISION OF CORPORATIONS
95 MAR -9 AM 11:25


ACCEPTANCE OF REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AHI-25

CORPORATION INFORMATION SERVICES, INC., a Florida corporation authorized to transact business in this state, having a business office identical with the registered office of the business entity named below, and having been designated as the Registered Agent in the above and foregoing document of

H & S TALLAHASSEE, LTD.

is familiar with and accepts the obligations of the position of Registered Agent.

By: 
Agent: Mark A. Rosser
Vice President
Corporation Information Services, Inc.

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

A95000000370

FILED

05 NOV -2 PM 1:57

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Partnership

1n. DOCUMENT #
A95000000370

H & S TALLAHASSEE, LTD.

Multiple Address

210 CROWN POINT, SUITE 100
LONGWOOD FL 32779

Principal Office Address

210 CROWN POINT, SUITE 100
LONGWOOD FL 32779

If above addresses are identical, in any way, use through this document information and enter correct address in Box 3 and Box 2a

3. Date Entered or Registered in the State of
FLORIDA
03/09/1995

3a. Date of Last Report

4. State of Country of Formation

FL

5a. Capital Contributions as Shown
on Record
\$990.00

5b. Amount of Capital Contributions as
OPJA to date

6. Telephone

59-3302899

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 \$111.25 (\$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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

Street Address (If C/O, then Number is Not Applicable)

Suite, Apt. #, etc.

City

FL

Zip Code

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, submit 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)

H & S TALLAHASSEE, INC.

11a. Address of Each General Partner
(Do NOT use Post Office Box (P.O. Box))

210 CROWN POINT, SUIT

11b. City, State & Zip Code

LONGWOOD FL 32779

11c. Registrar/
Document Number

P95000019235

**700001635407
-11/14/95--01055--019
****191.25 ****191.25**

KWM

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 complete, furnished and does not qualify for the exemption stated in section 620.192(3)(b), Florida Statutes. I release the Division of Corporations from any liability of loss or expense as a result of this filing in the event that the information supplied is determined exempt from public release. I further certify that the information indicated on this filing is correct and is a true and correct copy of the original. I have this signed before me by the undersigned, a General Partner of the limited partnership, receiver or trustee empowered to execute this filing on behalf of the partnership, Florida Statutes.

SIGNATURE

DATE

10-31-95

Typed or Printed Name of General Partner Supplying Form

Telephone Number