

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32310
904-222-9171
904-222-0393 FAX

CSC networks

MAIL TO:
P.O. Box 5020
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 562087 81769A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 17, 1995

ORDER TIME : 10:29 AM

ORDER NO. : 562087

CUSTOMER NO: 81769A

CUSTOMER: Mr. Robert C. Reid
INTERNATIONAL INSTITUTE
COMPANIES, INC.
Suite 103
3601 S.e. Ocean Boulevard
Stuart, FL 34996-6737

G. TAX	_____
FILING	350.00
R. AGENT FEE	35.00
G. COPY	52.50
TOTAL	437.50
N. BANK	_____
BALANCE DUE	_____
CHIND	_____

DOMESTIC FILING

NAME: PRIVATE MONEY MANAGEMENT
FAMILY LIMITED PARTNERSHIP

ARTICLES OF INCORPORATION
XXXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: _____

0000014358516
-03/22/95--01018--003
****437.50 ****437.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 PM 3:11

95 MAR 17 PM 3:09

3/17/95
bn

AFFIDAVIT AND
CERTIFICATE OF LIMITED PARTNERSHIP
of
PRIVATE MONEY MANAGEMENT FAMILY LIMITED PARTNERSHIP

We, the undersigned, desiring to form a partnership, pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.101 et seq. of the Florida Statutes, certify:

RECORDED
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DIVISION OF CORPORATIONS
95 MAR 17 PM 3:11

1. The name of the firm under which the partnership is to be conducted is Private Money Management Family Limited Partnership.

2. The character of the business intended to be transacted by the partnership is as follows: Real Estate ownership and management.

3. The location of the principal place of business is to be at 5259 W. Oakridge Road, Orlando, Florida 32819. This is also the partnership's mailing address.

4. (a) The name and place of residence of each general partner interested in the partnership are as follows:

Name	Place of Residence
Richard C. Ernst	5259 W. Oakridge Road, Orlando, FL 32819
Patricia A. Ernst	5259 W. Oakridge Road, Orlando, FL 32819

(b) The name and place of the residence of each limited partner interested in the partnership are as follows:

Name	Place of Residence
Richard C. Ernst	5259 W. Oakridge Road, Orlando, FL 32819
Patricia A. Ernst	5259 W. Oakridge Road, Orlando, FL 32819

5. The ^{total} amount of cash, the description of, and the agreed value of the other property contributed by ~~each limited partner~~ is as follows: \$50,000.00.
the limited partners

No future limited partner contributions are anticipated.

6. The Partnership shall begin on March 14, 1995 and end on March 14, 2095.

7. The name and address of the Registered Agent in
Richard C. Ernst at 5259 W. Oakridge Road, Orlando, FL 32819

WITNESS:

GENERAL PARTNERS

Thunberg

By: *Richard C. Ernst* (SEAL)
Richard C. Ernst, General Partner

Thunberg

By: *Patricia A. Ernst* (SEAL)
Patricia A. Ernst, General Partner

Thunberg

Richard C. Ernst (SEAL)
Richard C. Ernst, Limited Partner

Thunberg

Patricia A. Ernst (SEAL)
Patricia A. Ernst, Limited Partner

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DIVISION OF CORPORATIONS
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FILE ON OR BEFORE APRIL 5, 1996 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

1n. DOCUMENT #
A95000000442

PRIVATE MONEY MANAGEMENT FAMILY LIMITED PARTNERSHIP

2559 W. OAKRIDGE ROAD
ORLANDO FL 32819

2559 W. OAKRIDGE ROAD
ORLANDO FL 32819

3. Filing Date
03/17/1995

3a. Filing Date Report

4. Filing Date of Formation
FL

5a. Capital Contributions
\$50,000.00

5b. Address of Registered Agent
FLORIDA

6. Filing Date
59-3312305

7. Filing Date
FL

8. FEES: (1) Filing Fee: Computed at a rate of \$1 per \$1,000 on amount entered in 5b or 5a.4 (b) with a minimum filing fee of \$50 and a maximum of \$437.50.
(2) Supplemental Fee: \$138.75 (pursuant to section 607.101(1)(b)).
The amount of the fee shall be paid to the Secretary of State. If the amount of the fee is not paid, the filing shall be deemed null and void.
If the amount of the fee is not paid, the filing shall be deemed null and void. If the amount of the fee is not paid, the filing shall be deemed null and void.

9. Name and Address of Current Registered Agent

ERNST, RICHARD C
2559 W. OAKRIDGE ROAD
ORLANDO FL 32819

10. Address of Registered Agent Office

2559 W. OAKRIDGE ROAD
ORLANDO FL 32819

10a. If the person or persons listed above are not the registered agent or registered agent in charge, the person or persons listed above must be the registered agent or registered agent in charge. If the person or persons listed above are not the registered agent or registered agent in charge, the person or persons listed above must be the registered agent or registered agent in charge.

SIGNATURE (Registered Agent or Filing Agent)

DATE

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

11. Name of General Partner	11a. Address of Each General Partner	11b. City, State & Zip Code	11c. Registration Document Number
ERNST, RICHARD C	2559 W. OAKRIDGE ROAD	ORLANDO FL 32819	
ERNST, PATRICIA A	2559 W. OAKRIDGE ROAD	ORLANDO FL 32819	

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

12. Signature of Registered Agent or Filing Agent
RICHARD C ERNST
4/5/96
407-345-4500

A9500000442

Law Office Name

HAROLD O. MILLER, Chartered
400 South Tamiami Trail, Suite 250
Venice, Florida 34285

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
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name	Other
Availability	
Document	OTHER FILE
Excluded	
	Annual Report
	Fictitious Name
	Name Reservation
Address	
W. P. Veriver	

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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A95000000 448

CR2E031(1.95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 28, 1997

HAROLD O. MILLER, CHARTERED
400 SOUTH TAMiami TRAIL, SUITE 250
VENICE, FL 34285

SUBJECT: PRIVATE MONEY MANAGEMENT FAMILY LIMITED
PARTNERSHIP
Ref. Number: A95000000442

We have received your document for PRIVATE MONEY MANAGEMENT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement must be filed and the appropriate fee submitted before your document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 897A00015884

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF
PRIVATE MONEY MANAGEMENT
FAMILY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on March 17, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

Article 4 to Read:

"4. (a) The name and place of residence of each general partner interested in the partnership are as follows:

Name	Place of Residence
Global Millionaire Development, L.C. L96000000164	Registered Agent Harold O. Miller, Esq. 400 S. Tamiami Trail Suite 250 Venice, Florida 34285

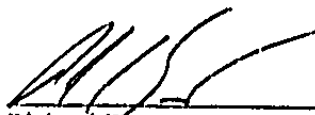
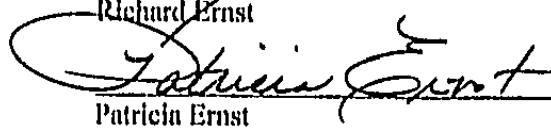
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 15 PM 3:40

(b) The name and place of the residence of each limited partner interested in the partnership are as follows:

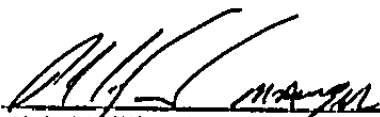
Name	Place of Residence
Patrice Watson	504 Morgan's Landing Dr. Dunwoody, Georgia 30075
Michelle Watson	855 Heathland Court Roswell, Georgia 30050

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature(s)
Signature of current general partner:


Richard Ernst

Patricia Ernst

Signature(s) of new general partner(s), if applicable:


Global Millionaire Development, L.C.
Richard Ernst, Manager

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97 APR 15 PM 3:40



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 28, 1997

HAROLD O. MILLER, CHARTERED
400 SOUTH TAMiami TRAIL, SUITE 250
VENICE, FL 34285

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PARTNERSHIP
Ref. Number: A95000000442

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The enclosed annual report or reinstatement must be filed and the appropriate submitted before your document can be filed.

Please return your document, along with a copy of this letter, within 60 days or filing will be considered abandoned.

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Diane Cushing
Corporate Specialist

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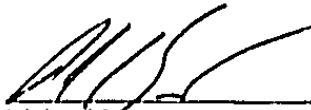
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DIVISION OF CORPORATIONS
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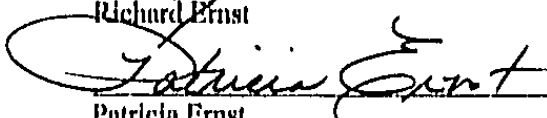
(b) The name and place of the residence of each limited partner interested in the partnership are as follows:

Name	Place of Residence
Patrice Watson	504 Morgan's Landing Dr. Dunwoody, Georgia 30075
Michelle Watson	855 Heathland Court Roswell, Georgia 30050

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

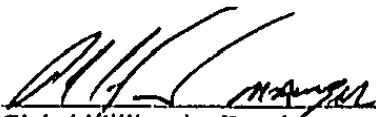
THIRD: Signature(s)
Signature of current general partner:



Richard Ernst


Patricia Ernst

Signature(s) of new general partner(s), if applicable:



Global Millionaire Development, L.C.
Richard Ernst, Manager

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DIVISION OF CORPORATIONS
97 APR 15 PM 3:40

A95000000442

Requestor's Name

Address

City/State/Zip Phone #

500002154965--9
-04/25/97--01046--010
*****35.00 *****35.00

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 #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
91 APR 25 AM 9:21

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA/RO
change
SP
5/2/97

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PRIVATE MONEY MANAGEMENT FAMILY LIMITED PARTNERSHIP
Name of the limited partnership

2. 3/17/95
Date of filing/registration in Florida

3. A95000000442

Document number assigned

4. The name and address of the present registered agent and office:

RICHARD C. ERNST
5259 W. DAKWOOD ROAD
ORLANDO, FL 32819

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

HAROLD O. MILLER, CHARTERED
400 TAMiami TRAIL SOUTH STE 250
VENICE, FLORIDA 34285

Such change was authorized by the general partners.

[Signature]
Signature of General Partner

4/22/97
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
Registered Agent signature

4/16/97
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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