1201 Hays Street
Tallahassee, FL 32301
904-222-0171
800-342-8086

RECEIVED
95 MAR 27 PM 2:23

A95000000482

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 PM 2:23

ACCOUNT NO. : 072100000032

REFERENCE : 566451 869010

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : March 27, 1995

ORDER TIME : 11:10 AM

ORDER NO. : 566451

CUSTOMER NO: 869010

CUSTOMER: Ms. Gina Hardin - 869010
PRENTICE HALL LEGAL &
FINANCIAL SERVICES, INC.
1 Biscayne Tower
2 South Biscayne Blvd, #1810
Miami, FL 33131

900001443829
-03/30/95--01032--021
****140.00 ****140.00

DOMESTIC FILING

NAME: TRIVEST FUND II, LTD.

C. TAX
FILING 52.50
R. AGENT FEE 35.00
. COPY 52.50
OTAL 140.00
. BANK
ALANCE DUE
IND

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

3/27/95

CONTACT PERSON: Maria I. Newport

EXAMINER'S INITIALS: MN

FILED
95 MAR 27 PM 3:23
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP
OF
TRIVEST FUND II, LTD.

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1988), and §620.108 of the Florida Statutes, the undersigned, being all of the General Partners of TRIVEST FUND II, LTD., hereby duly execute and file with the Florida Secretary of State this Certificate of Limited Partnership.

1. The name of the limited partnership is TRIVEST FUND II, LTD.

2. The business address and the mailing address of the limited partnership is 2665 South Bayshore Drive, Suite 800, Miami, Florida 33133.

3. The name of the registered agent for service of process required by §620.105 of the Florida Statutes is Peter W. Klein.

4. The Florida street address for the registered agent is 2665 South Bayshore Drive, Suite 800, Miami, Florida 33133.

5. **Acceptance of Appointment of Registered Agent:**

Having been named the statutory registered agent of TRIVEST FUND II, LTD., at the place designated in this Certificate of Limited Partnership of TRIVEST FUND II, LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by §620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

Peter W. Klein
Registered Agent

Dated: March 24, 1995

6. The name and business address of the sole general partners is as follows:

Trivest Fund II Manager, Ltd.
2665 South Bayshore Drive
Suite 800
Miami, Florida 33133

A45U0000481

7. The latest date upon which the limited partnership is to dissolve is December 31, 2045.

IN WITNESS WHEREOF, the sole General Partner has executed the foregoing Certificate of Limited Partnership on the 24 day of March, 1995 in accordance with §620.114 of the Florida Statutes.

TRIVEST FUND II MANAGER, LTD.,
a Florida Limited Partnership, sole General Partner

By: TRIVEST II, INC.,
a Florida corporation, sole General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 PM 2:23

By: Marilyn D. Kuffner, Incorporator

AFFIDAVIT

THE UNDERSIGNED, constituting all of the general partners of TRIVEST FUND II, LTD., a Florida Limited Partnership, hereby certify as follows:

1. The amount of capital contributions to date of the limited partners is $-0-.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals $100.00.

FURTHER AFFIANT SAYETH NOT.

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

TRIVEST FUND II MANAGER, LTD.,
a Florida Limited Partnership, sole General Partner

By: TRIVEST II, INC.,
a Florida corporation, sole General Partner

By: Marilyn D. Kuffner, Incorporator

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 NOV -2 PM 3:46

1. Name of Limited Partnership

1a. DOCUMENT # A95000000482

TRIVEST FUND II, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. # etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address	Principal Office Address
2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133	2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133

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

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/27/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$100.00	$100.00	65-0575853	Applied For ☐ Not Applicable ☐ $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 $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	10. If changed, new Registered Agent/Office
KLEIN, PETER W 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 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, 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TRIVEST FUND II MANAGER, LTD	2665 SOUTH BAYSHORE D	MIAMI FL 33133	A95000000481

KWM

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effectiveness 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 Marilyn D. Kuffner Marilyn D. Kuffner 11/1/95 DATE 10/19/95

Typed or Printed Name of General Partner Signing Form: Trivest Fund II Manager, Ltd., its GP by: Trivest II, Inc., its GP by: Marilyn D. Kuffner, Assistant Secretary

Telephone Number 305/858-2200

CR2E003 (6/95)

0001746

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) 222-1525

A95000000482

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

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

To us via _____ Return via _____

Mailer No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

_____ of _____ № 52280

RE: Trivest Fund II

	FEE	DISBURSED
____ Capital Express℠		
____ Art. of Inc. File		
____ Corp. Record Search		
✓ Ltd. Partnership File		
____ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
____ Art. of Amend. File		
____ Dissolution/Withdrawal		
✓ O U S. 6-3		
____ Fictitious Name File		
____ Name Reservation		
____ Annual Report/Reinstatement		
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit	200001169142	
____ Vehicle Search	-01/22796--01019--005	
____ Driving Record	***1802.50	***1802.50
____ Document Retrieval		
____ UCC 1 or 3 File	200001169142	
____ UCC 11 Search	-01/22796--01019--006	
____ UCC 11 Retrieval	******8.75	******8.75
____ ____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority		
____ Express Mail Prep.		
____ FAX ( ) pgs.		
SUBTOTALS		

FILED
96 JAN 17 PM 1:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
96 JAN 17 PM 4:28
DIVISION OF CORPORATIONS

TAX 8.75
FILING 175.00
R. AGENT FEE
C. COPY 52.50
TOTAL 4 18 11.25
N. SAME
BALANCE DUE
REFUND

FEE..... $ _____
DISBURSED..... $ _____
SURCHARGE..... $ _____
TAX on corporate supplies..... $ _____
SUBTOTAL..... $ _____
PREPAID..... $ _____
BALANCE DUE..... $ _____
_____ ..... $ _____

PM
1/17/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN Will Pick Up 1/17 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

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of TRIVEST FUND II, LTD., a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes

The total amount of capital contributions of the limited partners to date is $55,555,555.00.

This 16th day of January, 1996.

FURTHER AFFIANT SAYETH NOT.

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

TRIVEST FUND II MANAGER, LTD., a Florida limited partnership, sole General Partner

By: TRIVEST EQUITIES, INC., a Florida corporation, sole general partner

By: _____
Marilyn D. Kuffner, Assistant Secretary

1201 Hays Street
Tallahassee, FL 32301-2607
800-342-8086

A95000000482

CSC networks
Product Data
Legal & Financial Services

ACCOUNT NO. : 072100000032

REFERENCE : 028478 4371937

AUTHORIZATION :

COST LIMIT : $ PPD

800001 90045503
-07/25/96--01073--012
***1802.50 ***1802.50

ORDER DATE : July 23, 1996

ORDER TIME : 10:41 AM

ORDER NO. : 028478

CUSTOMER NO: 4371937

CUSTOMER: Marilyn Kuffner, Legal Asst
Trivest, Inc.
2665 S. Bayshore Drive
Suite #800
Miami, FL 33133

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 23 PM 12:49

C. TAX
FILING 1,750.00
R. AGENT FEE
C. COPY 52.50
TOTAL 1,802.50
N. BANK
BALANCE DUE
REFUND

DOMESTIC AMENDMENT FILING

NAME: TRIVEST FUND II, LTD.

EFFICTIVE DATE:

RECEIVED
96 JUL 23 AM 11:08
DIVISION OF CORPORATION

XX ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

7/23/96

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: MC

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of TRIVEST FUND II, LTD., a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes

The total amount of capital contributions of the limited partners to date is $150,500,000.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 23 PM 12:49

This 22nd day of July, 1996.

FURTHER AFFIANT SAYETH NOT.

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

TRIVEST FUND II MANAGER, LTD., a Florida limited partnership, sole general partner

By: TRIVEST EQUITIES, INC., a Florida corporation, sole general partner

By: _____
Marilyn D. Kuffner
Assistant Secretary