A95000000751

1200 Hays Street
Tallahassee, FL 32301
800-342-8036

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 15 PM 2:29

ACCOUNT NO. : 072100000032

REFERENCE : 599076 81464A

AUTHORIZATION : Patricia Pizzato

COST LIMIT : $ 156.00

ORDER DATE : May 15, 1995

ORDER TIME : 12:42 PM

ORDER NO. : 599076

CUSTOMER NO: 81464A

CUSTOMER: Robert M. Kramer, Esq
KRAMER GREEN ZUCKERMAN &
KAHN, P.A.
Suite 485-S
4000 Hollywood Boulevard
Hollywood, FL 33021

RECEIVED
95 MAY 15 PM 1:17
DIVISION OF CORPORATION

DOMESTIC FILING

NAME: NNE HOLDINGS, LTD.

____ 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

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS: BK

5/15/95

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95 MAY 15 PM 2:29

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The name of the Limited Partnership is NNE HOLDINGS, LTD.

2. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105 of the Florida Statutes is:

Robert M. Kramer
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

3. The name and business address of each General Partner is:

Napoleon N. Estrada
800 N. Central Avenue
Kissimmee, Florida 34741

4. The mailing address for the Limited Partnership is :

c/o KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
4000 Hollywood Blvd., Suite 485 So.
Hollywood, Florida 33021

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038.

BY: _____
Napoleon N. Estrada

STATE OF FLORIDA)
)
COUNTY OF Osceola)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared NAPOLEON N. ESTRADA, General Partner of NNE HOLDINGS, LTD., to me known to be the person described in and who executed the foregoing Certificate of Limited Partnership and he acknowledged before me that he executed the same. He is personally known to me and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 24 day of March, 1995.

NOTARY PUBLIC STATE OF FLORIDA
LAURA WYSOCKI
My Comm Exp. 5-19-97
Bonded By Service Ins
No. CC30210
Personally Known

Laura Wysocki
NOTARY PUBLIC

(seal)

K:\bob\estrada\lpa.cer

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DIVISION OF CORPORATIONS
95 MAY 15 PM 2:29

LIMITED PARTNERSHIP AFFIDAVIT

STATE OF FLORIDA }
COUNTY OF Orange }

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made:

1. The undersigned is the sole General Partner of NNE HOLDINGS, LTD.

2. The amount of the original capital contributions of the Limited Partners is $9,900. The additional amount anticipated to be contributed by the Limited Partners is $0.

FURTHER AFFIANT SAYETH-NAUGHT.

BY: _____
Napoleon N. Estrada, General Partner

STATE OF FLORIDA }
COUNTY OF Osceola }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared NAPOLEON N. ESTRADA, General Partner, of NNE HOLDINGS, LTD., to me known to be the person described in and who executed the foregoing Limited Partnership Affidavit and he acknowledged before me that he executed the same. He is personally known to me and he took an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 24 day of March, 1995.

Laura Wysocki
NOTARY PUBLIC

NOTARY PUBLIC STATE OF FLORIDA
LAURA WYSOCKI
My Comm Exp. 5-19-97
Bonded By Service Ins
No. CC30210
Personally Known [ ] Other I.D.

(seal)

k:\BOB\estrada\LPS.AFF

ACKNOWLEDGMENT OF APPOINTMENT OF REGISTERED AGENT

NNE HOLDINGS, LTD.

The undersigned, having been named the Registered Agent for the above Limited Partnership at 4000 Hollywood Boulevard, Suite 485 South, Hollywood, Florida 33021, the undersigned hereby accepts the same and agrees to act in this capacity and agrees to comply with the provisions of Florida law relative to keeping the registered office open.

Dated: May 9, 1995.

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95 MAY 15 PM 2:29

REGISTERED AGENT:

ROBERT M. KRAMER

k:\DOB\estrada\REG.AGT

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

A95000000751

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 AM 11:57

1. Name of Limited Partnership

NNE HOLDINGS, LTD.

1a. DOCUMENT #
A95000000751

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. # etc. 812 W. OAK ST

City, State & Zip KISSIMMEE, FL 34741

2a. New Principal Office Address, if Applicable 812 W. OAK ST.

Suite, Apt. # etc.

City, State & Zip KISSIMMEE, FL 34741

Mailing Address
C/O KRAMER, GREEN, ET AL.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

Principal Office Address
C/O KRAMER, GREEN, ET AL.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

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
05/15/1995		FL

5a. Capital Contributions as Shown on Last Report	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$9,900.00	9,900	65-0591767	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 — 69.50
2) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.) — 138.75
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75) — .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 — 216.50
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
KRAMER, ROBERT M C/O KRAMER, GREEN, ET AL 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. # etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1041 and 620.102, 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 620.102, 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
ESTRADA, NAPOLEON N	800 N. CENTRAL AVENUE	KISSIMMEE FL 34741	100001625961

AR - 69.50
SUPP - 138.75
CVS - 8.75
216.80

-11/02/95--01024--010
****216.80 ****216.80

BK 10/25/95

CR2E003 (6/95)

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)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind or nature in connection with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report, is true and accurate 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, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 9/29/95

Typed or Printed Name of General Partner Signing Form NAPOLEON N. ESTRADA Telephone Number (407) 546-3166

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