1201 Hays Street
Tallahassee, FL 32301
800-342-8036

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PRENTICE HALL LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 AM 11:25

ACCOUNT NO. : 072100000032

REFERENCE : 641803 123820A

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : July 14, 1995

ORDER TIME : 9:43 AM

ORDER NO. : 641803

CUSTOMER NO: 123820A

600001540746
-07/13/95--01004--007
***1837.50 ***1837.50

CUSTOMER: Kenneth A. Norman, Esq
HIGGINS RIFKIN WOODS & NORMAN

Suite 320
2400 South Federal Highway
Stuart, FL 34994

C. TAX
FILING 175.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1837.50
N. BANK
BALANCE DUE
REFUND

DOMESTIC FILING

NAME: NELSON AND AGNES OLAZABAL
FAMILY PARTNERSHIP, LTD.

RECEIVED
95 JUL 14 AM 10:51
DIVISION OF CORPORATIONS

____ 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: Karen B. Rozar

EXAMINER'S INITIALS: BK

7/14/95

# CERTIFICATE OF LIMITED PARTNERSHIP
## OF
# NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LTD.

The undersigned hereby form a limited partnership under the laws of the State of Florida and hereby file their Certificate of Limited Partnership in accordance with Florida Statutes §620.108 setting forth the following:

1. The name of the limited partnership is Nelson and Agnes Olazabal Family Partnership, LTD.

2. The address of the office and the name and address of the agent for service of process is as follows:

Steven J. Wood, Esq.
Higgins, Rifkin, Wood & Norman, P.A.
2400 South Federal Highway
Suite 320
Stuart, Florida 34994

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 AM 11:25

3. The name and business address of each general partner is as follows:

Nelson Olazabal
6807 S.W. Garnett Drive
Stuart, Florida 34997

Agnes Olazabal
6807 S.W. Garnett Drive
Stuart, Florida 34997

4. The mailing address for the limited partnership is as follows:

Nelson and Agnes Olazabal Family Partnership, LTD.
6807 S.W. Garnett Drive
Stuart, Florida 34997

5. The latest date upon which the limited partnership is to dissolve is December 31, 2020.

WITNESS our signatures on this the 13th day of July, 1995.

Nelson Olazabal

Agnes Olazabal

STATE OF FLORIDA
COUNTY OF MARTIN

**I HEREBY CERTIFY**, that on this day before me, an officer authorized to take acknowledgements according to the laws of the State of Florida, duly qualified and acting, personally appeared Nelson Olazabal and Agnes Olazabal, [X] who are personally known to me; or [ ] who have produced _____ as identification; and who executed the foregoing instrument, and who acknowledged before me the execution and delivery thereof for the purposes therein stated.

**WITNESS** my hand and official seal in the County and State last aforesaid this 13th day of July, 1995.

STEVEN J. WOOD
MY COMMISSION # CC 171489
EXPIRES: January 13, 1998
Bonded Thru Notary Public Underwriters

Steven J. Wood

Print Name: Steven J. Wood
Notary Public - State of Florida

My Commission expires:

{Notary Seal}

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 AM 11:25

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 11:

STATE OF FLORIDA
COUNTY OF MARTIN

This day personally appeared before me, a Notary Public in and for the State of Florida at Large, Nelson Olazabal and Agnes Olazabal, who, after being duly sworn, depose and state as follows:

1. That they are all of the general and limited partners of Nelson and Agnes Olazabal Family Partnership, LTD., a Florida limited partnership.

2. That the amount of capital contributions by the limited partners is personal property valued at $3,200,000.

3. That the amount anticipated to be contributed to the limited partnership in the future is zero.

FURTHER AFFIANTS SAYETH NAUGHT

Nelson Olazabal

Agnes Olazabal

Signed and subscribed to before me, an officer authorized to take acknowledgements according to the laws of the State of Florida, duly qualified and acting, by Nelson Olazabal and Agnes Olazabal, [X] who are personally known to me; or [ ] who have produced _____ _____ as identification; and who executed the foregoing instrument, and who acknowledged before me the execution and delivery thereof for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of July, 1995.

STEVEN J. WOOD
MY COMMISSION # CC 173489
EXPIRES: January 12, 1996
Bonded Thru Notary Public Underwriters

Print Name: STEVEN J. WOOD
Notary Public - State of Florida

My Commission expires:

{Notary Seal}

**FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
96 FEB 29 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000001060

**NELSON AND AGNES OLAZABAL FAMILY PARTNERSHIP, LTD.**

| Mailing Address | Principal Office Address |
|---|---|
| 6807 S.W. GARNETT DRIVE | 6807 S.W. GARNETT DRIVE |
| STUART FL 34997 | STUART FL 34997 |

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

2. New Mailing Address, If Applicable: P.O. Box 2659
Suite, Apt. #, etc.:
City, State & Zip: STUART, FL 34995

2a. New Principal Office Address, If Applicable: C/O MR. STEVEN WOOD.
Suite, Apt. #, etc.: 2091 East Ocean Blvd. Suite 2-A
City, State & Zip: STUART, FL. 34996

| 3. Date Formed or Registered to Do Business in FLORIDA | 3a. Date of Last Report | 4. State or Country of Formation |
|---|---|---|
| 07/14/1995 | N/A | 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 |
|---|---|---|---|---|
| $3,200,000.00 | 3,200,000 | 65-0593008 | 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

OK 576.25

| 9. Name and Address of Current Registered Agent | 10. If changed, new Registered Agent/Office |
|---|---|
| WOOD, STEVEN J ESQ.<br>C/O HIGGINS, RIFKIN, WOOD & NOHMAN, P.A.<br>2400 SOUTH FEDERAL HIGHWAY, SUITE 320<br>STUART FL 34994 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, etc.<br>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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (no P.O. Box or Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|---|---|---|---|
| OLAZABAL, NELSON | 6807 S.W. GARNETT DRI | STUART FL 34997 | |
| OLAZABAL, AGNES | 6807 S.W. GARNETT DRI | STUART FL 34997 | |

600001730036
-03/04/96--01012--004
****576.25 ****576.25

CR2E003 (11/95)

**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 Sec. 119.07(3)(i), 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 this annual report is true and accurate and that my signature shall have the same legal effects 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 X _____ DATE 2-23-96

NELSON OLAZABAL

Telephone Number (407) 287-8125