

1301 HAYS STREET
TALLAHASSEE, FL 32304

800-342-8086

A95000001060



networks

PRESTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 641803 123829A

AUTHORIZATION :

COST LIMIT : * PREPAID

ORDER DATE : July 14, 1995

ORDER TIME : 9:43 AM

ORDER NO. : 641803

CUSTOMER NO: 123829A

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

Suite 320
2400 South Federal Highway
Stuart, FL 34994

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

G. IAA
FILING 17572.00
R. AGENT FEE 35.00
C. COPY 56.57
TOTAL 1837.50
N. BANK
BALANCE DUE
REFUND

DOMESTIC FILING

NAME: NELSON AND AGNES OLAZABAL
FAMILY PARTNERSHIP, 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: Karen B. Rozar

EXAMINER'S INITIALS: BK

7/14/95

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

RECEIVED
DIVISION OF CORPORATIONS
95 JUL 14 AM 10:51

**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

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

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

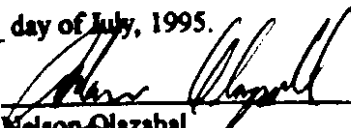
Agnes Olazabal
6807 S.W. Garnett Drive
Stuart, Florida 34997

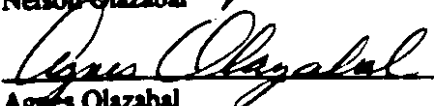
4. The mailing address for the limited partnership is as follows:

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

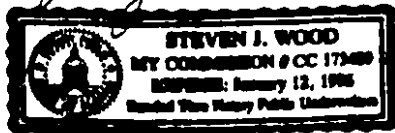

Agnes Olazabal

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

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

My Commission expires:

{Notary Seal}

FILED
DIVISION OF STATE
CORPORATIONS
JUL 14 AM 11:25

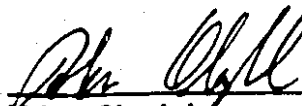
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

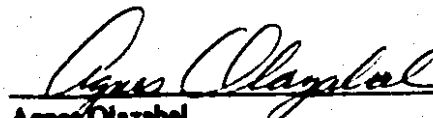
STATE OF FLORIDA
COUNTY OF MARTIN

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.

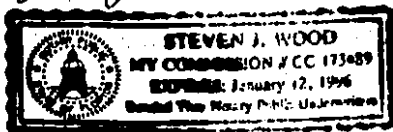
FURTHER AFFIANTS SAYETH NAUGHT

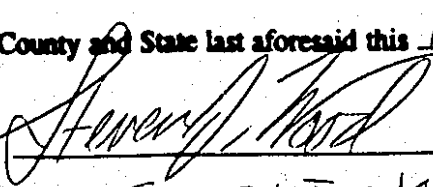

Nelson Olazabal


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 15th day of July, 1995.




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

My Commission expires:

{Notary Seal}

FILED
STATE
SECRETARY OF
DIVISION OF
95 JUL 11 11 25

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra Moxham
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, LT

Mailing Address

6807 S.W. GARNETT DRIVE
STUART FL 34907

Principal Office Address

6807 S.W. GARNETT DRIVE
STUART FL 34907

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

3. Date Formed or Registered to Do Business in
FLORIDA
07/14/1995

3a. Date of Last Report

N/A

4. State or Country of Formation

FL

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.

3081 East OCEAN BLVD.
SUITE 2-A

City, State & Zip

STUART, FL 34996

5a. Capital Contributions as Shown
on Record

\$3,200,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

3,200,000

6. FEI Number

65-0593008

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

Is Additional File 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 \$147.75.
2) Supplemental Fee: \$136.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$111.25 (\$52.50 + \$136.75) AND NO MORE THAN \$576.25 (\$437.50 + \$136.75).
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

OR
31576.25

9. Name and Address of Current Registered Agent

WOOD, STEVEN J ESQ.
C/O HIGGINS, RIFKIN, WOOD & NORMAN, P.A.
2000 SOUTH FEDERAL HIGHWAY, SUITE 320
STUART FL 34994

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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 sections 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)

OLAZABAL, NELSON
OLAZABAL, AGNES

11a. Address of Each General Partner
(If P.O. Box, Please Box Number)

6807 S.W. GARNETT DR
6807 S.W. GARNETT DR

11b. City, State & Zip Code

STUART FL 34907
STUART FL 34907

11c. Registration/
Document Number

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

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, 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, member or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

X *[Signature]*

DATE

2-23-96

NELSON OLAZABAL

Registration Number

(407) 287-8125

CR2003 (1/95)