

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 1, Tallahassee, FL 32302
 TOLL FREE 1-800-441-8000
 FAX (904) 224-1227

A95000001289

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

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

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Savanna Pointe, Ltd.

G. TAX _____
 FILING 17.50
 R. AGENT FEE 35.00
 C. COPY 52.50
 TOTAL 105.00
 N. BANK _____
 BALANCE DUE _____
 TOTAL _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY *[Signature]*

WALK-IN Will Pick Up 8:30 PM

C.C. 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
 C U S
 Fictitious Name File
 Name Reservation
 Annual Report/Reinstatement
 Reg. Agent Service
 Document Filing
 Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval
 UCC 1 or 3 File
 UCC 11 Search
 UCC 11 Retrieval
 File No.'s, Copies
 Courier Service
 Shipping/Handling
 Phone ()
 Top Priority
 Express Mail Prep.
 FAX () pgs.
 SUBTOTALS

95 AUG 30 PM 12:24

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

900001576959
 09/05/95--01035--021
 ***1837.50 ***1837.50

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

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

FILED
SECTION 620.106
95 AUG 30 PM 12:24

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certifies as follows:

1. Name of Limited Partnership. The name of the Limited Partnership is Savanna Pointe, Ltd.
2. Office for Maintenance of Business Records. The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is 3501 South Main Street, Suite 1, Gainesville, Florida 32601.
3. Agent for Service of Process. The name and address of the Partnership's agent for service of process in Florida is Frederick L. Henderson, 3501 South Main Street, Suite 1, Gainesville, Florida 32601.
4. General Partners. The name and business address of each General Partner in the Limited Partnership is as follows:

<u>Name</u>	<u>Business Address</u>
<u>Savanna Pointe, Inc.,</u> <u>a Florida corporation</u>	<u>3501 South Main Street, Suite 1</u> <u>Gainesville, Florida 32601</u>

5. Address of Partnership. The mailing address of the Limited Partnership is 3501 South Main Street, Suite 1, Gainesville, Florida 32601.
6. Date of Dissolution. The latest date on which the Limited Partnership is to dissolve is ten (10) years from the date of filing of this Certificate of Limited Partnership.

DATED this 25th day of August, 1995, at Gainesville, Florida.

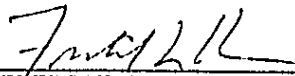
GENERAL PARTNER:

SAVANNA POINTE, INC.,
a Florida corporation

By: Frederick L. Henderson
Frederick L. Henderson
Its President
(Corporate Seal)

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for **Savanna Foote, Ltd.**, a Florida Limited Partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.


FREDERICK L. HENDERSON

FILED
SECRETARY OF STATE
CORPORATIONS
55 AUG 30 PM 12:24

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF ALACHUA

RECEIVED
DIVISION OF CORPORATIONS
95 AUG 30 PM 12:25

The undersigned, who is the sole General Partner of SAVANNA POINTE, LTD., declares that the capital contributions of all the Limited Partners in the Partnership are as follows:

1. The Limited Partners have made capital contributions in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
CAROLYN G. HENDERSON	\$ 200,000.00
MAY GRUNDY HENDERSON as Trustee of the May Grundy Henderson Trust U/I dated September 7, 1993	\$ 150,000.00
FREDERICK L. HENDERSON and JAMES D. HENDERSON, II, as Co-Trustees of the Robinson L. Henderson, Jr., Testamentary Trust	\$ 50,000.00
CAROLYN G. HENDERSON as Trustee of the Kate Robinson Henderson Trust #5	\$ 50,000.00

2. It is anticipated that the Limited Partners listed below will make capital contributions in the future in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
None	

DATED this 25th day of August, 1995, at Gainesville, Florida.

GENERAL PARTNER:

SAVANNA POINTE, INC.,
a Florida corporation

By: Frederick L. Henderson
Frederick L. Henderson
Its President
(Corporate Seal)

The foregoing Affidavit of Capital Contributions was acknowledged before me this 25 day of August, 1995, by FREDERICK L. HENDERSON, as President of Savanna Pointe, Inc., the General Partner of Savanna Pointe, Ltd. He is personally known to me; or has produced:

(If not personally known, check applicable box)

- ☒ Driver's License issued within five (5) years from date; or
☐ Other: _____ as identification.

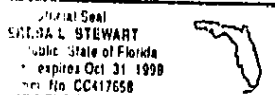
Teresa L. Stewart

Notary Public

Teresa L. Stewart

Printed name of Notary signing above
Name, Commission Number, and
Expiration Date together with
Seal below:

CIH SAVANNA POINTE A:\CAPITAL.AFF



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 30 PM 12:25

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

A95000001289

FILED

5 DEC -7 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Partnership
SAVANNA POINTE, LTD.

1a. DOCUMENT #
A95000001289

46-AR

CM

Main Address
3501 S. Main St.
Suite 1
Gainesville, FL 32601

Principal Office Address

2. New Mailing Address, if Applicable

Include Apt. # etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Include Apt. # etc.

City, State & Zip

3. Date Form or Registration Expires
FLORIDA

3a. Date of Last Report

4. State or Country of Formation
Florida

5a. Capital Contributions & Dividends
(in Dollars)
450,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
450,000.00

6. Filing year
59-3331799

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐
SEE INSTRUCTIONS FOR REQUIREMENTS
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$2 per \$1,000 on amount entered in 5a or 5b, 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

Frederick L. Henderson
3501 S. Main Street
Suite 1
Gainesville, FL 32601

10. If changed, new Registered Agent/Office

Name

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

Include 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), thereby accept the appointment of registered agent, and liability 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
(Do NOT Use Post Office Box Number)

11b. City, State & Zip Code

11c. Registration Document Number

Savanna Pointe, Inc.

3501 S. Main St.
Suite 1

Gainesville, FL 32601

P95000054542

900001658279
-12/11/95--01010--011
****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, the undersigned, certify that the information supplied with this filing is completely true and correct, and that I am a General Partner of the limited partnership, or owner or trustee of the partnership, and that I am authorized to sign this statement. I understand that this statement is a public record, and that my signature shall have the same legal effect as if I were a General Partner of the limited partnership, or owner or trustee of the partnership, and that I am authorized to sign this statement.

SIGNATURE

Frederick L. Henderson

DATE X 10-10-95

Typed or Printed Name of General Partner (signing name)
Frederick L. Henderson, Pres. of Savanna

Telephone Number (904) 372-3372

CR2E003 (6/95)

2/06/97

CORPORATE DETAIL RECORD SCREEN

10:28 AM

NUM: A95000001280 ST:FL ACTIVE/FL LP FLD: 08/30/1995

ACT CONT: 450,000.00 FEI#: 59-3331799

NAME : SAVANNA POINTE, LTD.

PRINCIPAL: 3501 SOUTH MAIN STREET, SUITE 1

ADDRESS GAINESVILLE, FL 32601

RA NAME : HENDERSON, FREDERICK L.

RA ADDR : 3501 SOUTH MAIN STREET, SUITE 1

GAINESVILLE, FL 32601 US

ANN REP :

(1996) 1 12/07/95

A95000001289

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

000002085310--7
-02/12/97--01036--014
****821.25 ****280.00

FILED
97 FEB -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	
Availability	
Document	
Examiner	
Editor	
Reviewer	
Approval	
W. P. Verifier	

increasing to
\$ 490,000.00

C. TAX
FILING 280.00
R. FEE
C.
T.
H. L. L.
BALANCE DUE
REFUND



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 16, 1997

SAVANNA POINTE, LTD.
3501 SOUTH MAIN STREET, SUITE 1
GAINESVILLE, FL 32601

SUBJECT: SAVANNA POINTE, LTD.
Ref. Number: A95000001289

We have received your document for SAVANNA POINTE, LTD. and your check(s) totaling \$576.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in block 5b or 8b on the document that the contributions of the limited partners have gone beyond what we currently have on file. A supplemental affidavit must be filed pursuant to chapter 620, Florida Statutes. The filing fee is based on the additional amount of contributions calculated at a rate of \$7 per \$1000 with a minimum filing fee of \$52.50 and a maximum filing fee of \$1750.

The fee to file the supplemental affidavit is \$280.00 and the fee to file the annual report is \$541.25. The total fee due for both filings is \$821.25. Please return the supplemental affidavit and the annual report together with the appropriate fee.

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) 487-6911.

Brenda Tadlock
Sr. Corporate Section Administrator

Letter Number: 797A00002267



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of Savanna Pointe, Ltd.

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 490,000.

This 29th day of January, 19 97

FURTHER AFFIANT SAYETH NOT.

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

General Partner(s)

Fred L. Kelly, President
Savanna Pointe, Inc. as
General Partner of Savanna Pointe, Ltd.

FILED
97 FEB -5 PM 12:00
TALLAHASSEE, FLORIDA

FEES:

\$7 per \$1,000 based on the additional contributions
(Minimum \$52.50 - Maximum \$1,750.00)

INHSE10(3.95)