ROBINSON, BRADSHAW & HINSON, P.A.

WILLIAM T. GRAVES
(704) 377-8323

CHARLOTTE, NORTH CAROLINA 28246
TELEPHONE (704) 377-2536
FAX (704) 378-4000

ROCK HILL, S.C. OFFICE
ONE LAW PLACE - SUITE 500
P.O. DRAWER 12070
ROCK HILL, S.C. 29730
TELEPHONE (803) 325-2900
FAX (803) 325-2929

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95 SEP 13 AM 11:56

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

August 31, 1995

VIA FEDERAL EXPRESS

Florida Department of State
409 East Gaines Street
The Capital Room 2002
Post Office Box 6327
Tallahassee, Florida 32301-8047

100001575500
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*****87.50 *****87.50

Attention: Limited Partnership Division

Re: Faison-Fleming Island Business Center Limited Partnership

Dear Sir/Madam:

Please find enclosed herein the following documents for filing with your office:

1. Two (2) originals of the Certificate of Limited Partnership;

2. Two (2) originals of the Affidavit of Capital Contributions of the Limited Partners of Faison-Fleming Island Business Center Limited Partnership; and

3. Our firm's check in the amount of $87.50 to cover the filing fees.

Please file these documents and return copies to us showing filing information in the enclosed, self-addressed, stamped envelope.

Please contact the undersigned should you have any questions.

Sincerely,

ROBINSON, BRADSHAW & HINSON, P.A.

William T. Graves

Name Availability	
Document Examiner	DCC
	DCC
	DCC
Acknowledgment	DCC
Verify	DCC

WTG/wm
Enclosures

W95000017738

TC
$100.00

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned general partner hereby files this Certificate of Limited Partnership of Faison-Fleming Island Business Center Limited Partnership (the "Partnership") with the Florida Department of State in order to form a limited partnership pursuant to Section 620.108 of the Florida Revised Limited Partnership Act (1986) (the "Act").

1. Name. The name of the Partnership is Faison-Fleming Island Business Center Limited Partnership.

2. Business Address. The business address of the Partnership in the State of Florida and the address at which the Partnership shall keep the records regarding the name, addresses and capital contributions of its limited partners is as follows:

Suite 500
225 E. Robinson Street
Orlando, Florida 32801
Attention: Mr. John M. Joyce

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3. General Partner. The name and the business address of the general partner of the limited partnership is:

Faison Capital Development, Inc.
121 West Trade Street
1900 Interstate Tower
Charlotte, North Carolina 28202-5399
Attention: Mr. Robert W. Liptak

F95000000164

4. Registered Agent and Registered Office. The name and address of the registered agent for service of process are:

Mr. John M. Joyce
Suite 500
225 E. Robinson Street
Orlando, Florida 32801

The registered agent has signed in the space below to evidence his acceptance of his appointment as registered agent for the Partnership.

John M. Joyce

Date: 8/21, 1995

C 301731

5. Partnership Mailing Address. The mailing address for the limited partnership is:

121 West Trade Street
1900 Interstate Tower
Charlotte, North Carolina 28202-5399

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6. Latest Dissolution Date. The latest date upon which the limited partnership is to dissolve is December 31, 2051.

Signed this 29th day of August, 1995.

FAISON CAPITAL DEVELOPMENT, INC.,
General Partner

By: _____
Philip W. Norwood,
President

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

THE FOREGOING instrument was acknowledged and sworn to before me, this 29th day of August, 1995, by Philip W. Norwood, President of **FAISON CAPITAL DEVELOPMENT, INC.**, General Partner of Faison-Fleming Island Business Center Limited Partnership, a Florida limited partnership.

_____
Notary Public

State of North Carolina at Large

My Commission Expires: 5-2-2000

[NOTARIAL SEAL]

AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF THE LIMITED PARTNERS OF FAISON-FLEMING ISLAND BUSINESS CENTER LIMITED PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Philip W. Norwood, President of Faison Capital Development, Inc., a North Carolina corporation, general partner of Faison-Fleming Island Business Center Limited Partnership, a Florida limited partnership (hereinafter referred to as the "Partnership"), who certifies as follows:

1. The amount of capital contributions of the limited partners of the Partnership is One Hundred Dollars ($100.00).

2. The total anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is One Hundred Dollars ($100.00).

This 11th day of August, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

FAISON CAPITAL DEVELOPMENT, INC., a North Carolina corporation, General Partner of Faison-Fleming Island Business Center Limited Partnership

By: _____
Philip W. Norwood
President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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C-301735

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

August ___, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared Philip W. Norwood, President of Faison Capital Development, Inc., General Partner of Faison-Fleming Island Business Center Limited Partnership, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as the President of the General Partner of Faison-Fleming Island Business Center Limited Partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 30th day of August, 1995.

Notary Public

State of North Carolina at Large

My Commission Expires: 5-2-2000

[NOTARIAL SEAL]

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 13 AM 11:57

C-301735

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

LIMITED PARTNERSHIP ANNUAL REPORT 1996

A95000001358

FILED 95 NOV -6 PM 2:01 TALLAHASSEE, FLORIDA

1.

1a. DOCUMENT # A95000001358

Faison-Fleming Island Business Center Limited Partnership

Mailing Address

121 West Trade Street
1900 Interstate Tower
Charlotte, NC 28202

2. New Mailing Address If Applicable

Suite, Apt. *please add: Attn: Legal Dept.

City, State & Zip

2a. New Principal Office Address If Applicable

Suite, Apt. # etc.

City, State & Zip

3. Date Formed or Registered To Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
9/13/95		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$100.00	$100.00	56-1941401

7. CERTIFICATE OF STATUS REQUIRED ☐ $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

John M. Joyce
Suite 500
225 E. Robinson Street
Orlando, FL 32801

10. If changed, new Registered Agent/Office

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 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 Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Faison Capital Development, Inc.	121 W. Trade Street Suite 1900	Charlotte, NC 28202	F92000000164

00000163538U
-11/14/95--01055--009
****191.25 ****191.25

KWM

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 increase the Division of Corporations' ability of my compliance 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; 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 ____________ DATE 11/1/95

Typed or Printed Name of General Partner Signing Form: Elizabeth M. Speed, Asst. Secretary Telephone Number: 704/331-2500