

LAW OFFICES
RUSSO, BAKER & ALVAREZ, P. A.
RIVIERA PROFESSIONAL BUILDING, SUITE 301
4875 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33146-2101
TELEPHONE (305) 665-0414
FAX (305) 665-4011

LAURA L. RUSSO
EDMUND P. RUSSO
RONALD G. BAKER
ELSA ALVAREZ
ROBERT P. BALZERRE

A95000001363

500001582825
-09/12/95--01089--002
***1837.50 ***1837.50

September 6, 1995

Corporate Records Bureau
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 11 PM 12:52

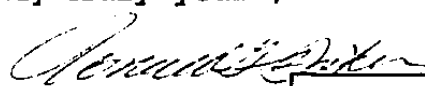
Re: Name of Partnership: Cox Investments Limited Partnership
Our File No: 95B-371

Gentlemen:

Enclosed please find Certificate of Limited Partnership of Cox Investments Limited Partnership which we shall appreciate your filing. Also enclosed please find our check for \$1,837.50 to cover the filing fee of \$1,750, certified copy of \$52.50, and the registered agent designation of \$35.

After the Certificate has been filed, we shall appreciate your certifying the enclosed copy and returning it to this office to the attention of the undersigned.

Very truly yours,


Ronald G. Baker

RGB:lb
Enclosures

Name Availability	KWM
Document Examiner	KWM
Updater	KWM
Updater Verifier	KWM
Acknowledgement	KWM
W. P. Verifier	KWM

9-11

Certificate of Limited Partnership

OF

COX INVESTMENTS LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 11 PM 12:52

(1) The name of this Limited Partnership is COX INVESTMENTS LIMITED PARTNERSHIP.

(2) The mailing address ^{and principal office} of the Limited Partnership is 1114 S. E. 12th Terrace, Deerfield Beach, FL 33441.

(3) The name and address of the registered agent for the Limited Partnership is:

RONALD G. BAKER

4675 Ponce de Leon Blvd #301
Coral Gables, FL 33146

(4) The name and address of the General Partner are:

LYNNE COX LITTLE

4800 Ballenger Creek Road
Frederick, MD 21701

(5) The latest date upon which this Limited Partnership is to dissolve is 20 years after the date of the filing of this Certificate.

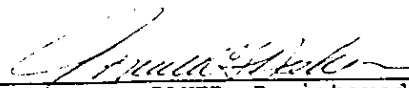
(6) An Affidavit of Contributions of Limited Partners is attached hereto.

Under penalties of perjury I declare that I have read the foregoing and the facts alleged herein are true and correct to the best of my knowledge.


LYNNE COX LITTLE, General Partner

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for COX INVESTMENTS LIMITED PARTNERSHIP, at 4675 Ponce de Leon Boulevard, Suite 301, Coral Gables, FL 33146, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of all my duties.


RONALD G. BAKER, Registered Agent

CAPITAL CONTRIBUTION AFFIDAVIT

FOR

COX INVESTMENTS LIMITED PARTNERSHIP

The undersigned, LYNNE COX LITTLE, the General Partner of COX INVESTMENTS LIMITED PARTNERSHIP, files this Affidavit, pursuant to Florida Statutes §620.108 and states:

(1) As of the date of this Affidavit, COX INVESTMENTS LIMITED PARTNERSHIP has received \$180,000 in contributions from Limited Partners plus real estate in the value of \$ 300,000.00....., Therefore the total contributions from the limited partners 480,000.00

(2) COX INVESTMENTS LIMITED PART^{nership}nersHIP not anticipate it will receive additional contributions from Limited Partners.

Under penalties of perjury I declare that I have read the foregoing and the facts alleged herein are true and correct to the best of my knowledge.

Lynne Cox Little
LYNNE COX LITTLE, General Partner

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

A95000001363

FILED

95 DEC 14 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Partnership
**COX INVESTMENTS LIMITED
PARTNERSHIP**

1a. DOCUMENT #
A95000001363

96-AR

CM

2. New Mailing Address (If Applicable)
Mailing Address
**4800 Ballenger Creek Rd.
Frederick, MD 21703**

Principal Office Address
**1114 S.E. 12th Terrace
Deerfield Beach, FL 33441**

600001667288

-12/21/95--01006--004

****576-00****576-00

2a. New Principal Office Address (If Applicable)

3. Date of Partnership Agreement (If Partnership Agreement is on File with the Secretary of State)

3a. Date of Last Report
FLORIDA

3b. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contribution (as shown on the Report)

\$480,000.00

5b. Amount of Capital Contribution (as shown on the Report)

FLORIDA

6. Filing Number

65-0611003

Approved For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

See Application Form 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 of 5b of 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee. \$130.75 (pursuant to section 607.193, F.S.).
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$130.75) AND NO MORE THAN \$576.25 (\$437.50 + \$130.75).
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

**Ronald G. Baker, Esq.
4675 Ponce De Leon Boulevard
Coral Gables, FL. 33146-2101**

10. If changed, new Registered Agent Office

Name

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

State, 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)

N/A

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)

Lyne C. Little

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**4800 Ballenger Ck Rd.
Frederick, MD 21703**

11b. City, State & Zip Code

**Frederick, Md.
21703**

11c. Registration Document Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct to the best of my knowledge and belief. I understand that the information supplied is deemed exempt from public access, and I further certify that the information indicated on this form is not subject to public release and that my signature shall have the same legal effect as if I were a General Partner of the limited partnership. I am a General Partner of the limited partnership. I am a General Partner of the limited partnership. I am a General Partner of the limited partnership.

SIGNATURE

Lyne C. Little

DATE

12/11/95

CR2E003 (6/95)