

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9070  
904-222-0393 FAX

800-342-8086



**A95000001376**

ACCOUNT NO. : 072100000032

REFERENCE : 682079 01501A

AUTHORIZATION :

COST LIMIT : 0

ORDER DATE : September 14, 1995

ORDER TIME : 9:49 AM

ORDER NO. : 682079

CUSTOMER NO: 01501A

CUSTOMER: Lawrence A. Levine, Esq  
LAWRENCE A. LEVINE, ESQ  
  
Suite E-207  
4300 N. University Drive  
Ft. Lauderdale, FL 33351

J. TAX \_\_\_\_\_  
FILING 525.00  
R. AGENT FEE 35.00  
C. COPY \_\_\_\_\_  
TOTAL 560.00  
N. BANK \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

DOMESTIC FILING

NAME: SANTORINI TOWNHOMES, 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: Gail L. Shelby

EXAMINER'S INITIALS: BIC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 14 PM 3:04

300001587983  
-09/19/95--01054--025  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

300001587983  
-09/19/95--01054--025  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

9/14/95

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SANTORINI TOWNHOMES, LTD.

FILED STATE  
SECRETARY OF CORPORATIONS  
95 SEP 14 PM 3:04

1. The name of the Limited Partnership is SANTORINI TOWNHOMES, LTD.
2. The office where the Partnership shall keep records required to be maintained by it pursuant to the Florida Revised Uniform Limited Partnership Act (1986) is:

4300 North University Drive  
Suite E-207  
Fort Lauderdale, FL 33351

3. Santorini Townhomes, Ltd.'s agent for service of processes is:

Lawrence A. Levine, P.A.  
4300 North University Drive  
Suite E-207  
Fort Lauderdale, FL 33351

4. The name and address of the General Partner is:

89500006993  
Santorini Development, Corp.  
4300 North University Drive  
Suite E-207  
Fort Lauderdale, FL 33351

5. The mailing address for Santorini Townhomes, Ltd. is:

4300 N. University Drive  
Suite E-207  
Fort Lauderdale, FL 33351

6. The latest date upon which Santorini Townhomes, Ltd. is to dissolve is December 31, 2025.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation by it under penalties of perjury that the facts stated herein are true.

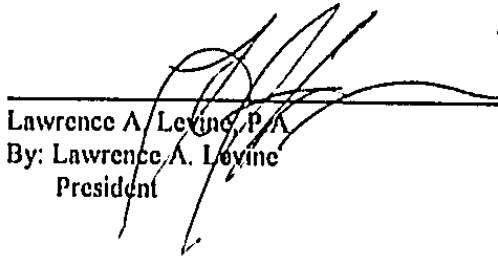
Executed on 12th day of September, 1995



Santorini Development, Corp  
A Florida Corporation  
By: Howard A. Levine  
President

FILED STATE  
SECRETARY OF CORPORATIONS  
95 SEP 14 PM 3:04

Lawrence A. Levine, P.A. accepts designation as the Registered Agent for Service of Process for Santorini Townhomes, Ltd.



Lawrence A. Levine, P.A.  
By: Lawrence A. Levine  
President

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned constituting all of the general partners of Santorini Townhomes, Ltd, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$25,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$75,000.00

This 12th day of September, 1995

**FURTHER AFFIANT SAYETH NOT**

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



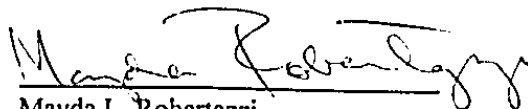
Santorini Development, Corp.  
A Florida Corporation  
By: Howard A. Levine  
President

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to before me this 12th day of September, 1995, by Howard A. Levine, as President of Santorini Development, Corp. Affiant is personally known to me.



MAYDA ROBERTAZZI  
My Commission CC348302  
Expires Feb. 03, 1998  
Bonded by HAI  
800-422-1555



Mayda L. Robertazzi  
Notary Public  
State of Florida

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

LIMITED  
ANNUAL REPORT  
1996

A95000001376

Secretary of State  
DIVISION OF CORPORATIONS

FILED  
30 JAN 12 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of limited partnership

1a. DOCUMENT #

A95000001376

SANTORINI TOWNHOMES, LTD.

nc/1/12 EXACTLY WHAT IS THIS SPACE  
2. New Mailing Address of Applicant

Mailing Address

Post Office Address

4300 N. University Dr  
Suite E-207  
Fort Lauderdale, FL 33351

Same

3. Date of Report  
4. State of Origin of Applicant  
5. City, State & Zip  
6. New Mailing Address of Applicant  
7. City, State & Zip

If Mailing addresses are identical in any way, use through the office of the corporation and enter in the box of the office of the corporation.

3. Date of Report  
9/15/95

3a. Date of Last Report

4. State of Origin of Applicant  
FL

5a. Capital Contributions as shown  
on the report

\$75,000.00

5b. Amount of Capital Contributions as  
shown on the report

\$25,000.00

6. Filing Fee

65-0608109

Applicant Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

See 7a Appendix 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: \$130.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$130.75) AND NO MORE THAN \$570.25 (\$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

Lawrence A. Levine, PA  
4300 N. University Dr  
Suite E-207  
Fort Lauderdale, FL 33351

10. If changed, new Registered Agent's Name

Name

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

State, Apt. # etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 both in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with and accept the obligations of sections 620.102, 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

Santorini Development,  
Corp.

4300 N University DR Fort Lauderdale

995000069993

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 hereby certify that the information given on this form is accurate, true and correct, and that I am a general partner of the partnership. I understand that the information given on this form is subject to the provisions of sections 607.103, Florida Statutes, and that the information given on this form is subject to the provisions of sections 607.103, Florida Statutes, and that the information given on this form is subject to the provisions of sections 607.103, Florida Statutes.

SIGNATURE

Howard A. Levine - President of G.P.

DATE

12/19/15

954-749-6700

Typed or Printed Name of General Partner Signing Form

Telephone Number