

A95000001410

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

00000015374103
09/18/95 1071 012
*****09.25 *****09.25

SUBJECT: Naples Plaza Limited Partnership

Enclosed is an original and one(1) copy of the certificate of limited partnership and a check for:

\$96.25 Filing Fee & Certificate

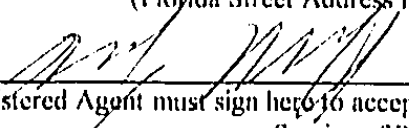
FROM: Arnold Y. Aronoff
626 Gulf Shore Blvd. South
Naples, Florida 33940
(810) 642-0190

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 18 PM 3:41

BK

9/18/95

CERTIFICATE OF LIMITED PARTNERSHIP
OF
NAPLES PLAZA LIMITED PARTNERSHIP

1. Naples Plaza Limited Partnership
(Name of Limited Partnership, must contain a suffix such as "Limited", "Ltd.", or "Limited partnership")
2. 626 Gulf Shore Blvd. South, Naples, Florida 33940
(The Business Address of Limited Partnership)
3. Arnold Y. Aronoff
(Name of Registered Agent for Service of Process)
4. 626 Gulf Shore Blvd. South, Naples, Florida 33940
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)
6. P.O. Box 893, Bloomfield Hills, Michigan 48303
(The Mailing Address of the Limited Partnership.)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

8. NAME OF GENERAL PARTNER(S)

Naples Plaza, Inc.

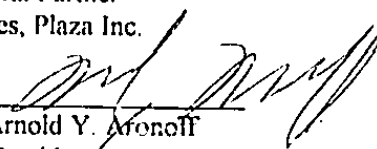
SPECIFIC ADDRESS

626 Gulf Shore Blvd., South
Naples, Florida 33940

Signed this 14th day of September, 1995.

Signature of all general partners:

General Partner
Naples, Plaza Inc.

By: 
Arnold Y. Aronoff

Its: President

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SECRETARY OF CORPORATIONS
DIVISION 18 PM 3:41
95 SEP 18

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Naples Plaza
Limited Partnership, a Florida Limited Partnership, certify as follows

The amount of capital contributions to date of the limited partners is \$100.00.

The total amount contributed and anticipated to be contributed by the limited
partners at this time totals \$100.00.

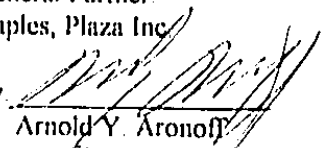
This 14th day of September, 1995.

FURTHER AFFIANT SAYETH NOT

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

General Partner:
Naples Plaza Inc.

By


Arnold Y. Aronoff

Its President

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

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1. Name of Partnership

1a. DOCUMENT #

A95000001410

Naples Plaza Limited Partnership

96-AR

CM

Mailing Address

P.O. Box 893

Bloomfield Hills, MI 48303

626 Gulf Shore Blvd., So.
Naples, FL 33940

Physical Office Address

2. New Mailing Address of Applicant

State, Apt. # etc. 9000001673549

-12/28/95--01093--016

City, State & Zip ****191.25 ****191.25

2a. New Physical Office Address of Applicant

State, Apt. # etc.

City, State & Zip

3. Date of filing of this document with the Department of Banking and Finance, State of Florida

9/18/95

3a. Date of filing of this document with the Department of Banking and Finance, State of Florida

4. State of filing of this document

FL

5a. Capital contribution as shown on the filing of this document

\$100.00

5b. Capital contribution as shown on the filing of this document

\$100.00

6. Filing fee

65-0613362

Applicant Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

\$0.75 Additional Fee required for a Certificate of Status

8. FEES: 1) Filing Fee. Corresponds at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5b blank, with a maximum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$138.75 (pursuant to section 607.103, 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 5a is greater than amount entered in 5b, 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

Arnold Y. Aronoff
626 Gulf Shore Blvd., So.
Naples, FL 33940

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 620.1052, 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 my stated agent. I am familiar with and accept the obligations of section 620.1052, 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. Registered Document Number

Naples Plaza, Inc.

626 Gulf Shore Blvd., So. Naples, FL 33940

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

12. The partnership is a general partnership, limited partnership, or other business entity, organized or registered under the laws of the State of Florida, and is submitting 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 my stated agent. I am familiar with and accept the obligations of section 620.1052, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Accepting Appointment

Arnold Y. Aronoff, President

DATE

12/11/95

Telephone Number (810) 642-0190

CR2E003 (6/95)