

1201 HAYS STREET  
TALLAHASSEE, FL 32301  
904-222-9171

800-342-8086



**A95000001446**

ACCOUNT NO. : 0721000000032

500001608145  
-10/06/95--01094--002  
\*\*\*\*140.00 \*\*\*\*140.00

REFERENCE : 602713 6517A

AUTHORIZATION :

COST LIMIT : 0 PREPAID

ORDER DATE : September 27, 1995

ORDER TIME : 9:22 AM

ORDER NO. : 602713

CUSTOMER NO: 6517A

CUSTOMER: Mary Fendle, Legal Assistant  
DEAN MEAD EGERTON BLOODWORTH  
CAPOUANO & BOZARTH, P.A.  
P. O. Box 2346

Orlando, FL 32802 2346

C. TAX  
FILING  
R. AGENT FEE  
3. COPY  
TOTAL  
V. RANG  
BALANCE DUL  
OFFIND

DOMESTIC FILING

NAME: NIKI BRYAN FAMILY LIMITED  
PARTNERSHIP

ARTICLES OF INCORPORATION  
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Reed

EXAMINER'S INITIALS:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 SEP 27 AM 11:32

9/21/95

1/1/96

175

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
NIKI BRYAN FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 27 AM 11:32

The undersigned General Partner, desiring to form a limited partnership (the "Partnership") pursuant to the Florida Revised Uniform Limited Partnership Act (1986), Sections 620.101-620.192, Florida Statutes, hereby states the following:

1. The name of the Partnership is "Niki Bryan Family Limited Partnership."
2. The address of the office of the Partnership, as referred to in Section 620.105, Florida Statutes, is 390 North Orange Avenue, Suite 1200, Orlando, Florida 32801.
3. The name and address of the agent for service of process on the Partnership shall be Niki T. Bryan, 390 North Orange Avenue, Suite 1200, Orlando, Florida 32801.
4. The name and business address of the General Partner are:

<u>Name</u>	<u>Address</u>
NTB, Inc.	390 North Orange Avenue Suite 1200 Orlando, Florida 32801
5. The mailing address for the Partnership is 390 North Orange Avenue, Suite 1200, Orlando, Florida 32801.
6. The latest date upon which the Partnership shall dissolve is December 31, 2025.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by or on behalf of the General Partner. Any person dealing with the Partnership or its property shall be entitled to rely fully upon any deed, mortgage, bill of sale, contract, lease, sublease, note or other written instrument signed by or on behalf of the General Partner in the name of and/or on behalf of the Partnership.

This Certificate of Limited Partnership was executed on behalf of the sole General Partner this 27 day of September, 1995.

GENERAL PARTNER:

NTB, INC.

By: Nikki T. Bryan, President  
*Nikki T. Bryan*

FILED  
SECTION 6013  
DIVISION OF REVENUE  
95 SEP 27 PM 11:32

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

Nikki T. Bryan  
*Nikki T. Bryan*  
Date: September 27, 1995

STATE OF FLORIDA

COUNTY OF ORANGE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared <sup>NIKKI</sup> NIKKI T. BRYAN, President of NTB, INC., the sole general partner of NIKKI T. BRYAN FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (hereinafter referred to as the "Partnorship"), of Orange County, Florida, who, upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$800.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$0.

FURTHER AFFIANT SAYETH NOT.

Under 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.

GENERAL PARTNER:

NTB, INC.

Date: September \_\_\_, 1995

By: \_\_\_\_\_

Nikki T. Bryan, President  
*Nikki T. Bryan*

Sworn to and subscribed before me this \_\_\_ day of September, 1995, by NIKKI T. BRYAN, as President of NTB, INC., a Florida corporation, on behalf of the corporation. Said person (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: \_\_\_\_\_.

Print Name: \_\_\_\_\_

Notary Public, State of Florida

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public, State of Florida at large

My Commission Expires December 2, 1995

My Notary Public License No. is \_\_\_\_\_

FILED  
RECORDS SECTION  
CLERK OF CIRCUIT COURT  
95 SEP 27 PM 11:32  
ORANGE COUNTY, FLORIDA

**A95000001446**

**FILED**

96 APR 23 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT #

A95000001446

1. Name of Limited Partnership

NIKI BRYAN FAMILY LIMITED PARTNERSHIP

2. Mailing Address  
390 North Orange Ave.

Suite, Apt. # etc.  
Suite 1200

City & State  
Orlando, Florida

Zip  
32801

Country  
USA

3. Principal Office Address  
390 North Orange Ave.

Suite, Apt. # etc.  
Suite 1200

City & State  
Orlando, Florida

Zip  
32801

Country  
USA

4. Date Licensed or Registered  
To Do Business in Florida 09/27/95

5. F.I.I. Number  
59-3342696

Applied For

Not Application

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$2.75 Additional Fee required  
for a Certificate of Status

7. State or Country of Formation  
Florida

8a. Capital Contributions as Shown  
on Return  
\$800.00

8b. Amount of Capital Contributions in  
FLORIDA to date  
\$800.00

FEES: 1) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office

2) Supplemental Fee(s) \$136.75 for each year due this office, beginning with 1992 calendar year

3) Penalty Fee(s) \$500 penalty fee for each year report form is delinquent

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

Niki T. Bryan  
390 North Orange Ave., Suite 1200  
Orlando, FL 32801

10. If changed, new registered agent office

Name

Street Address (If O. Box Number is Not Accepted) 4000001794254

Suite, 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 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 620.102, 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. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration  
Document Number

NTB, INC.

390 N. Orange Ave.  
Suite 1200

Orlando, FL 32801

P95000074505

**REINSTATEMENT**

96  
OR CUS 4-24

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)(a) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) 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 effects as if made under oath. I further certify 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

Typed or Printed Name of General Partner Signing Form

NTB, Inc., by Niki T. Bryan, President

Telephone Number 407/843-2247

CR2039 (4/95)