1201 Hays Street
Tallahassee, FL 32301
(904) 222-9171
800-342-8086

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ACCOUNT NO. : 072100000032

REFERENCE : 693875 9167A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 796.25

ORDER DATE : September 28, 1995

ORDER TIME : 9:43 AM

ORDER NO. : 693875

CUSTOMER NO: 9167A

File Second

CUSTOMER: Ronald A. Burgess, Legal Asst.
NASON GILDAN YEAGER AND
GERSON, P.A.
Suite 1200
1645 Palm Beach Lakes Blvd.
West Palm Beach, FL 33401

500001588895

DOMESTIC FILING

NAME: PELICAN POINTE WEST ASSOCIATES
LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

9/28/95

CONTACT PERSON: Lori R. Dunlap
EXAMINER'S INITIALS

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TALLAHASSEE, FLORIDA
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CERTIFICATE OF LIMITED PARTNERSHIP

OF

PELICAN POINTE WEST ASSOCIATES, LTD.,

a Florida limited partnership

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, certifies as follows:

1. Partnership Name. The name of the partnership is Pelican Pointe West Associates, Ltd. (the "Partnership").

2. Partnership Office and Mailing Address. The office of the Partnership and its mailing address are: 1645 Palm Beach Lakes Boulevard, Suite 1200, West Palm Beach, Florida 33401.

3. Name and Address of Registered Agent. The name and address of the registered agent of the Partnership are: Domenick R. Lioce, 1645 Palm Beach Lakes Boulevard, Suite 1200, West Palm Beach, Florida 33401.

4. Name and Address of General Partner. The name and business address of the general partner are: Pelican West, Inc., 1645 Palm Beach Lakes Boulevard, Suite 1200, West Palm Beach, Florida 33401.

5. Dissolution. The latest date upon which the Partnership may dissolve is October 1, 2025.

6. Affidavit Regarding Capital. The affidavit regarding capital contributions is attached hereto.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the general partner of Pelican Pointe West Associates, Ltd., this 26th day of September, 1995.

PELICAN WEST, INC.
"General Partner"

By: _____
Domenick R. Lioce, as its
President

(SEAL)

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent for Pelican Pointe West Associates, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

By: _____
Domenick R. Lioce

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DIVISION OF CORPORATIONS

AFFIDAVIT REGARDING CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared Domenick R. Lioce, affiant herein, who being sworn on oath deposes and says:

1. I am the President of Pelican West, Inc., the general partner of Pelican Pointe West Associates, Ltd., a Florida limited partnership (the "Partnership").

2. The limited partners of the Partnership have contributed capital in the sum of $100,000.

3. The limited partners of the Partnership anticipate the amount to be contributed is a maximum of $-0-.

4. Under penalties of perjury, I declare that I have examined this Affidavit, and to the best of my knowledge and belief it is true, correct and complete.

Domenick R. Lioce

SWORN TO AND SUBSCRIBED before me this 26th day of September, 1995, by Domenick R. Lioce, who is personally known to me ~~OR who produced~~ _____ ~~as identification~~ and who did ~~not~~ take an oath.

Notary Signature

Print Notary Name

NOTARY PUBLIC
State of Florida at Large

My Commission Expires:

H:\1442\0847\DORN.RAD

JUDITH L. QUINN
MY COMMISSION # CC 193713
EXPIRES: May 6, 1998
Bonded Thru Notary Public Underwriters

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

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE

FILED

95 NOV 17 PM 2:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. DOCUMENT #

A95000001466

96-AR

1. Pelican Pointe West Associates, Ltd.

CM

Mailing Address:

c/o Domenick R. Lioce
1645 Palm Beach Lakes Blvd.
#1200
West Palm Beach, FL 33401

Principal Office Address:

c/o Domenick R. Lioce
1645 Palm Beach Lakes Blvd.
#1200
West Palm Beach, FL 33401

2. New Mailing Address, if Applicable

2a. New Principal Office Address, if Applicable

3. Date Filed in FLORIDA	3a.	4.	5a.	5b. FLORIDA	6. FEI Number
09/28/95		Florida	$100,000	$100,000	65-0609802

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

Domenick R. Lioce
1645 Palm Beach Lakes Boulevard, Suite 1200
West Palm Beach, FL 33401

10. Name and Address of 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
Pelican West, Inc.	c/o Domenick R. Lioce 1645 Palm Beach Lakes Boulevard	West Palm Beach, FL 33470	P95000074979

900001644379
-11/22/95--01085--002
****576.25 ****576.25

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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form: Domenick R. Lioce

DATE November 15, 1995

Daytime Phone: (407) 686-3307