

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0300 FAX

800-342-8086



networks

PRESTICE HALL
LEGAL & FINANCIAL SERVICES

A95000001530

ACCOUNT NO. : 072100000032

REFERENCE : 706357 155635A

AUTHORIZATION :

COST LIMIT : 9

ORDER DATE : October 11, 1995

ORDER TIME : 10:27 AM

ORDER NO. : 706357

CUSTOMER NO: 155635A

CUSTOMER: Ms. Hilde Howell
FISHER, TOUSEY & WALLIS
2600 Independent Square
Jacksonville, FL 32202

G. TAX	_____
FILING	1250.00
R. AGENT FEE	25.00
C. COPY	52.50
TOTAL	1327.50
N. BANK	_____
BALANCE DUE	_____
REFUND	_____

100001611501
-10/16/95--01024--023
***1837.50 ***1837.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 11 PM 3:46

RECEIVED

DOMESTIC FILING

NAME: UNIVERSITY PLACE APARTMENTS,
LTD.

File 2nd
10/11/95
BRC

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:

10/11/95
BRC

fc

**CERTIFICATE OF LIMITED PARTNERSHIP OF
UNIVERSITY PLACE APARTMENTS, LTD.
a Florida limited partnership**

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT 11 PM 3:18

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Section 620.108 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is UNIVERSITY PLACE APARTMENTS, LTD.

2. The address of the office of the Partnership is 8641 Baypine Road, Suite 1, Jacksonville, Florida 32256-7515.

3. The name and address of the agent for service of process on the Partnership are Mary A. Robison, Esquire, Fisher, Tousey, Leas & Ball, P.A., One Independent Drive, Suite 2600, Jacksonville, Florida 32202.

4. The name and business address of the general partner are as follows:

Limited Partners of *VIO 10/11/94* 8641 Baypine Road, Suite 1
Tallahassee, Inc. Jacksonville, Florida 32256-7515

5. The mailing address of the Partnership is 8641 Baypine Road, Suite 1, Jacksonville, Florida 32256-7515.

6. The latest date upon which the Partnership shall dissolve is December 31, 2040.

7. A conveyance or encumbrance of real property held in the Partnership name, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by its general partner.

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

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of UNIVERSITY PLACE APARTMENTS, LTD. this 10th day of October, 1995.

General Partner:

LIMITED PARTNERS OF TALLAHASSEE,
INC.

By: *Sidney W. Register Jr.*

Sidney W. Register Jr.,
President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for UNIVERSITY PLACE APARTMENTS, INC., a Florida limited partnership ("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.

Date: October 10, 1995

REGISTERED AGENT

By: Mary A. Robison
Mary A. Robison, Esquire

h/50803

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 11 PM 3:46

STATE OF FLORIDA
COUNTY OF DUVAL

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
UNIVERSITY PLACE APARTMENTS, LTD.**

FILED
SECRETARY OF CORPORATIONS
95 OCT 11 PM 3:46

BEFORE ME, the undersigned authority, personally appeared Sidney W. Register, Jr., President of Limited Partners of Tallahassee, Inc., a Florida corporation, constituting the sole general partner of University Place Apartments, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", the address for which is 8641 Baypine Road, Suite 1, Jacksonville, Florida 32256-7515, who, upon being duly sworn, certifies as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is \$1,514,266.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$50,000.00.

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

LIMITED PARTNERS OF TALLAHASSEE,
INC.

By:

Sidney W. Register, Jr.
Sidney W. Register, Jr.,
President

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 10th day of October, 1995, by Sidney W. Register, Jr., President of Limited Partners of Tallahassee, Inc., who is personally known to me or who has produced a driver's license as identification and who did/did not take an oath.

Hilde V. Howell
Name: Hilde V. Howell
Notary Public, State of Florida
Commission Number: CC 353239

h/50803



HILDE V. HOWELL
MY COMMISSION No. CC 353239
EXPIRES MARCH 6, 1998

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

A9500001530

FILED

96 FEB -5 PM 12:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A9500001530

UNIVERSITY PLACE APARTMENTS, LTD.

Mailing Address

Principal Office Address

8641 BAYPINE ROAD, SUITE 1
JACKSONVILLE, FL 32256-7515

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA
OCTOBER 11, 1995

3a. Date of Last Report

NONE

4. State or Country of Formation

FLORIDA

5a. Capital Contributions as Shown
on Record

\$1,514,266.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$1,514,266.00

6. FEI Number

X Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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

MARY A. ROBISON, ESQUIRE
FISHER, TOUSEY, LEAS & BALL, P.A.
ONE INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202

10. If changed, 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 JANUARY 31, 1996

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)

LIMITED PARTNERS OF
TALLAHASSEE, INC.

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

8641 BAYPINE ROAD
SUITE 1

11b. City, State & Zip Code

JACKSONVILLE, FL
32256-7515

11c. Registration/
Document Number

V10684

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effect 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

Sidney W. Register Jr.

DATE

1/31/96

Typed or Printed Name of General Partner Signing Form

SIDNEY W. REGISTER, JR.

Telephone Number (904) 731-9500

CR2E003 (6/95)