

A93000001606

PO Box 11271

Address

Tallahassee FL

City/State/Zip

Phone #

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PM 12:19

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Armitage Associates Limited
(Corporation Name) (Document #)

2. Partnership No. 4
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

200001622112
-10/27/95--01026--001

***1750.00 ***1750.00

200001622112
-10/27/95--01026--002

*****96.25 *****96.25

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

G. TAX _____
FILING _____ 5.75
R. AGENT FEE _____ 1750.00
C. COPY _____ 35.00
TOTAL _____ 52.50
N. BANK _____ 1846.25
BALANCE DUE _____
REFUND _____

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10/25/95

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ARMITAGE ASSOCIATES LIMITED PARTNERSHIP NO. 4**

FILED IN STATE
SECRETARY OF CORPORATIONS
95 OCT 25 PM 12:10

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the limited partnership is Armitage Associates Limited Partnership No. 4.

2. The address of the office of the limited partnership is:

520 Brickell Key Drive
Suite O-305
Miami, Florida 33131

3. The name and address of the agent for service of process on the limited partnership required to be maintained by Section 620.105, Florida Statutes, is:

Robert M. Haber
520 Brickell Key Drive
Suite O-305
Miami, Florida 33131

4. The name and business address of the sole general partner is:

Armitage Properties, Inc.
520 Brickell Key Drive
Suite O-305
Miami, Florida 33131

894000057316

5. The mailing address for the limited partnership is:

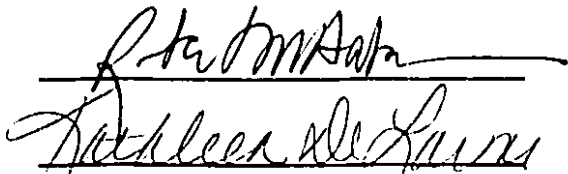
520 Brickell Key Drive
Suite O-305
Miami, Florida 33131

6. The latest date upon which the limited partnership is to dissolve is October 31, 2005.

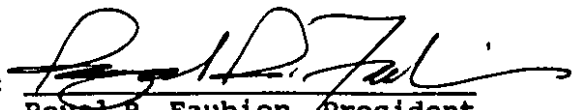
The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of Armitage Associates Limited Partnership No. 4 on the date set forth below.

Signed, sealed and delivered
in the presence of:


Kathleen McQuinn

ARMITAGE PROPERTIES, INC.

By: 
Royal R. Faubion, President

Executed on October 24, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 PM 12:10

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Armitage Associates Limited Partnership No. 4, 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, to accept the obligations imposed upon me by Fla. Stat. Section 620.192, and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:


Robert M. Haber

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DIVISION OF CORPORATIONS
95 OCT 25 PM 12:10

STATE OF FLORIDA)
)
COUNTY OF DADE)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

THIS DAY before me, the undersigned officer, personally appeared Royal R. Faubion, President of Armitage Properties, Inc., the sole general partner of Armitage Associates Limited Partnership No. 4, a Florida limited partnership ("Partnership"), and who, being duly sworn, certifies as follows:

1. The amount of capital contributions made to the Partnership by the limited partners is \$25,000.00.

2. The total amount anticipated to be contributed by the limited partners is \$850,000.00.

FURTHER AFFIANT SAYETH NOT.

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

By: 

Royal R. Faubion, President
of Armitage Properties, Inc.

STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing Certificate and Affidavit were acknowledged before me this 24th day of October, 1995 by Royal R. Faubion, President of Armitage Properties, Inc., the sole general partner of and on behalf of Armitage Associates Limited Partnership No. 4, a Florida limited partnership. He is personally known to me or has produced a driver's license as identification and did take an oath.



KATHLEEN DELAHMI
My Commission CC403038
Expires Aug. 24, 1998
Bonded by HAI
800-422-1866



Notary Public, State of Florida,
at Large

Printed Name of Notary: _____

Commission No.: _____

My Commission Expires: _____

FILED
SECRETARY OF CORPORATIONS
95 OCT 25 PM 12:10
DIVISION OF CORPORATIONS

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

LIMITED PARTNERSHIP



4/12/96
A95000001606

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 30 PM 2:42

DOCUMENT # A95000001606

1. Name of Limited Partnership

ARMITAGE ASSOCIATES LIMITED PARTNERSHIP NO. 4

DO NOT WRITE IN THIS SPACE

2. Mailing Address

520 Brickell Key Drive

Suite Apt # etc

Suite 0-305

City & State

Miami, Florida

Zip

Country

33131

3. Principal Office Address

520 Brickell Key Drive

Suite Apt # etc

Suite 0-305

City & State

Miami, Florida

Zip

Country

33131

4. Date Formed or Registered
To Do Business in Florida

October 25, 1995

5. FEI Number

65-0618091

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. State or Country of Formation Florida

8a. Capital Contributions as Shown
on Record

\$850,000.00

8b. Amount of Capital Contributions in
FLORIDA to date

\$0

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) \$138.75 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

Robert M. Haber
520 Brickell Key Drive, Suite 0-305
Miami, Florida 33131

10. If changed, new registered agent/office

Name

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

Suite Apt # etc

City

400001812974
-05/08/96--01035--020
****700.00 FL ****700.00

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. 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

ARMITAGE PROPERTIES, INC.

520 Brickell Key Drive

Miami, FL 33131

P94000057316

penalty 500.00
AR 52.50
SUP 138.75
CVS 8.75
700.00

REINSTATEMENT

1996

(MK) (CVS)

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

Royal R. Faubion

DATE

4-27-96

Typed or Printed Name of General Partner Signing Form

Royal R. Faubion

Telephone Number (305) 74-3800

CR2E039 (3/95)