

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086

**CSC networks**  
PRESTICE HALL  
LEGAL & FINANCIAL SERVICES

**A950000 01620**

OCT 26 AM 11:14  
DIVISION OF CORPORATION

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 OCT 27 AM 11:54

ACCOUNT NO. : 072100000032

REFERENCE : 717575 5553A

AUTHORIZATION : Patricia Pizub

COST LIMIT : \$ 140.00

ORDER DATE : October 26, 1995

ORDER TIME : 9:35 AM

ORDER NO. : 717575

500001620375

CUSTOMER NO: 5553A

CUSTOMER: Ms. Patty Kingry  
GARTNER BROCK & SIMON  
Suite 203  
1660 Prudential Drive  
Jacksonville, FL 32207

*W95000021369*

DOMESTIC FILING

NAME: WELLS ROAD EAST, L.P.

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: Colby D. Griffin

EXAMINER'S INITIALS:

*10/27/95*  
*BR*

CERTIFICATE OF  
LIMITED PARTNERSHIP  
OF WELLS ROAD EAST, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 27 AM 11:50

The undersigned, desiring to form a limited partnership under the laws of the State of Florida, does hereby certify as follows:

1. The name of the limited partnership is Wells Road East, LTD.
2. The mailing address of the partnership is 601 Riverside Avenue, Building 2, Suite 650, Jacksonville, Florida 32204.
3. The name and principal business address of the general partner of the partnership is R. Lamar Shaw, Jr., 601 Riverside Avenue, Building 2, Suite 650, Jacksonville, Florida 32204.
4. The term for which the partnership shall exist shall commence on the date hereof and shall continue for fifty (50) years from such date, unless the partnership is sooner dissolved and terminated as provided by law or in the Agreement of Limited Partnership by which the partnership shall be governed.
5. The street address of the registered office for the partnership is 601 Riverside Avenue, Building 2, Suite 650, Jacksonville, Florida 32204, and the name of the registered agent for service of process at that address is R. Lamar Shaw, Jr., who is joining in the execution hereof for the purpose of accepting the appointment as registered agent for service of process for the partnership.

IN WITNESS WHEREOF, the undersigned have executed this Certificate this 23<sup>rd</sup> day of October, 1995.

General Partner:

R. L. Shaw, Jr.  
R. Lamar Shaw, Jr.

Registered Agent:

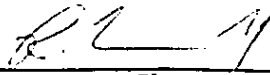
R. L. Shaw, Jr.  
R. Lamar Shaw, Jr.

AFFIDAVIT REGARDING  
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority personally appeared R. Lamar Shaw, Jr., who being first duly sworn, declared as follows:

1. He is the general partner of Wells Road East, Ltd.
2. The capital contributions to said limited partnership as of the date hereof total \$100.00.
3. It is anticipated that the limited partners will contribute an additional \$100.00 to the partnership on or prior to December 31, 1995.
4. This Affidavit is given in compliance with the provisions of Florida Revised Uniform Limited Partnership Act (1986).

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.

  
R. Lamar Shaw, Jr.

Sworn to and subscribed before me  
this 23rd day of October, 1995.

Dawn M. Girard  
Print Name:  
Notary Public, State of  
Florida, at Large

My commission expires: 7/12/99



"OFFICIAL SEAL"  
Dawn M. Girard  
My Commission Expires 7/12/99  
Commission #CC 479906

☒ Personally known or ☐ Produced identification  
Type of identification produced: \_\_\_\_\_

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sand'n Morris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
96 APR -9 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership <b>WELLS ROAD EAST, LTD.</b>		1a. DOCUMENT # <b>A95000001620</b>
Mailing Address <b>601 RIVERSIDE AVE., BLDG. 2, STE. 650 JACKSONVILLE FL 32204</b>		Principal Office Address <b>601 RIVERSIDE AVE., BLDG. 2, STE. 650 JACKSONVILLE FL 32204</b>
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 Filed or Registered to Do Business in FLORIDA <b>10/27/1995</b>	3a. Date of Last Report <b>—</b>	4. State or Country of Formation <b>FL</b>
5a. Capital Contributions as Shown on Record <b>\$200.00</b>	5b. Amount of Capital Contributions in FLORIDA to date <b>200.</b>	6. FEI Number <b>—</b>

2. New Mailing Address, if Applicable <b>000001777050</b> Suite, Apt. #, etc. <b>-04/11/96--01076--007</b> City, State & Zip <b>***138.75 ***138.75</b>	
2a. New Principal Office Address, if Applicable <b>000001777050</b> Suite, Apt. #, etc. <b>-04/11/96--01076--008</b> City, State & Zip <b>***52.50 ***52.50</b>	
<input checked="" type="checkbox"/> Applied For	7. CERTIFICATE OF STATUS REQUIRED \$15. Additional fee required for a Certificate of Status <input type="checkbox"/>

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or \$4 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 <b>SHAW, R. LAMAR JR. 601 RIVERSIDE AVE., BLDG. 2, STE. 650 JACKSONVILLE FL 32204</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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. Name(s) of General Partner(s) <b>SHAW, R. LAMAR JR.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box) <b>601 RIVERSIDE AVE., B</b>	11b. City, State & Zip Code <b>JACKSONVILLE FL 32204</b>	11c. Registration/ Document Number
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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. 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 R. Lamar Shaw, Jr. DATE 3/23/96  
Typed or Printed Name of General Partner Signing Form R/Lamar Shaw, Jr. Telephone Number (904) 358-0940

CR2E003 (11/95)