1201 Hays Street
Tallahassee, FL 32301
904-[illegible]
90[illegible]

800-342-8086

A95000001636

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -1 PM 3:35

ACCOUNT NO. : 072100000032

REFERENCE : 722247 136223A

AUTHORIZATION : Patricia Pyjut

COST LIMIT : $ 1,837.50

ORDER DATE : November 1, 1995

ORDER TIME : 11:24 AM

ORDER NO. : 722247

100001625441

CUSTOMER NO: 136223A

CUSTOMER: Gary W. Huston, Esq
BEGGS & LANE

P. O. Box 12950

Pensacola, FL 32501

DOMESTIC FILING

NAME: SILVER BEACH LIMITED
PARTNERSHIP

_____ ARTICLES OF INCORPORATION
XXX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS: BH

11/1/95

RECEIVED
95 NOV -1 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SILVER BEACH LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -1 PM 3:35

1. Name: Silver Beach Limited Partnership

2. Business Address: 1050 Highway 98 East, Destin, FL 32541

3. Registered Agent for Service of Process: Michael J. Clary

4. Street Address of Registered Agent: 1050 Highway 98 East, Destin, FL 32541

5. X _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. Mailing Address of the Limited Partnership: 1050 Highway 98 East, Destin, FL 32541

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2035.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Michael J. Clary	1050 Highway 98 East Destin, FL 32541
Barbara Clary Kelly	340 Sudduth Circle Ft. Walton Beach, FL 32548

Signed this 27th day of July, 1995.

Signature of all general partners:

_____
Michael J. Clary

_____
Barbara Clary Kelly

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of Silver Beach Limited Partnership, a Florida limited partnership, certify as follows:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -1 PM 3:35

The amount of capital contributions to date of the limited partners is $1,000,000.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $1,000,000.00.

This 27th day of ~~May~~ July, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the 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.

Michael J. Clary

Barbara Clary Kelly

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 26 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
Silver Beach Limited Partnership
1050 Highway 98 East
Destin, FL 32541

1a. DOCUMENT #
A95000001636

Mailing Address

Principal Office Address

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

2. New Mailing Address if Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address if Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
November 1, 1995	N/A	Florida

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number			7. CERTIFICATE OF STATUS REQUIRED
$1,000,000	$1,000,000	applied for	x	Applied For	☐
				Not Applicable	

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
Mr. Michael J. Clary
1050 Highway 98 East
Destin, FL 32541

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 Accepts 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
Michael J. Clary	1050 Highway 98 East	Destin, FL 32541	
Barbara Clary Kelly	340 Sudduth Circle	Ft. Walton Beach, FL 32548	

100001677841
-01/04/96--01021--008
****576.25 ****576.25

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)(i), 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 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 X Michael J. Clary DATE 11/29/95

Typed or Printed Name of General Partner Signing Form Michael J. Clary Telephone Number 904-837-3600

CR2E003 (6/95)