

11-01-1995 10:22AM

FOLEY&LARDNER/JACKSONVILLE

9043598700 P.06

A95000001643FAX 11/01/95
AM

FLORIDA DIVISION OF CORPORATIONS

10:02

((H95000012235)) PUBLIC ACCESS SYSTEM
 ELECTRONIC FILING COVER SHEET
 TO: DIVISION OF CORPORATIONS FROM: FOLEY & LARDNER
 DEPARTMENT OF STATE 200 LAURA ST
 STATE OF FLORIDA
 409 EAST GAINES STREET JACKSONVILLE FL 32202- -0000
 TALLAHASSEE, FL 32399
 FAX: (904) 922-4000 CONTACT: KAREN PETERSON
 PHONE: (904) 359-2000
 FAX: (904) 359-8700
 ((H95000012235)) DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
 NAME: VAULT- OLD KINGS PARTNERS, LTD.
 FAX AUDIT NUMBER: H95000012235
 DATE REQUESTED: 11/01/1995 CURRENT STATUS: REQUESTED
 CERTIFIED COPIES: 1 TIME REQUESTED: 10:01:55
 NUMBER OF PAGES: 4 CERTIFICATE OF STATUS: 0
 ESTIMATED CHARGE: \$227.50 METHOD OF DELIVERY: FAX
 ACCOUNT NUMBER: 072720000061

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 ((H95000012235))

** ENTER 'M' FOR MENU. **

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Name	
Availability	KWM
Document	KWM
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Asks	KWM
W. P. Verifier	KWM

DIVISION OF CORPORATIONS

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TOTAL P.06

11-1

11-01-1995 10:20AM

FOLEY LARDNER/JACKSONVILLE

9043598700 P.01

FOLEY & LARDNER

POST OFFICE BOX 240
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THE GREENLEAF BUILDING
200 LAURA STREET 32202-3627
TELEPHONE (904) 359-2000
FACSIMILE (904) 359-8700

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

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FACSIMILE TRANSMISSION

TO: Florida Division of Corporations FAX NO.: 904/922-4000
FROM: Karen Peterson
DATE: 11/1/95 TIME: 10:09am
NO. OF PAGES (including this page): 6
MESSAGE:

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TALLAHASSEE, FLORIDA

OPERATOR:

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FILED

CERTIFICATE OF LIMITED PARTNERSHIP OF
VAULT - Old Kings Partners, Ltd.
A Florida Limited Partnership

95 NOV -1 AM 10:52
TALLAHASSEE, FLORIDA

The undersigned general partner, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act, Chapter 620, Florida Statutes, hereby states the following:

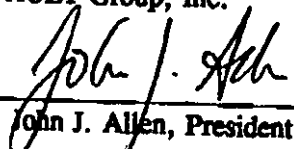
1. The name of the Partnership is VAULT - Old Kings Partners, Ltd.
2. The address of the office of the Partnership is 1301 Riverplace Boulevard, Jacksonville, Florida 32207.
3. The name and address of the agent for service of process on the Partnership is John J. Allen, 1301 Riverplace Boulevard, Jacksonville, Florida 32207.
4. The name and address of the general partner of the Partnership is as follows:

The VAULT Group, Inc. -V73143
1301 Riverplace Boulevard
Jacksonville, Florida 32207
5. The mailing address of the Partnership is 1301 Riverplace Boulevard, Jacksonville, Florida 32207.
6. The latest date upon which the Partnership shall dissolve is December 31, 2025.

The date of formation of the Partnership shall be the date of filing of this Certificate with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the sole general partner of the Partnership this 31st day of October, 1995.

The VAULT Group, Inc.

By: 

John J. Allen, President

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

Fax Audit No. H95000012235

11-01-1995 10:21AM

FOLEY LARDNER/JACKSONVILLE

9043598700 P.03
FBI AUDIT NO. H95000012235

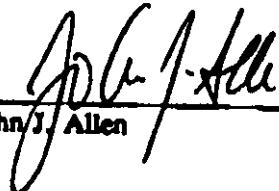
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for VAULT - Old Kings Partners, Ltd., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, John J. Allen, 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

Dated: October 31, 1995

By: _____


John J. Allen

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared John J. Allen, President of The VAULT Group, Inc., the general partner of VAULT - Old Kings Partners, Ltd., a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. There have been no capital contributions made by limited partners as of the date hereof.
2. Capital contributions of \$20,000 are anticipated to be made by the limited partners of the Partnership.

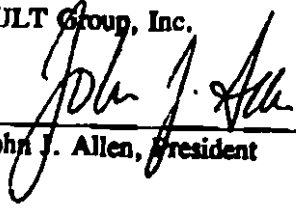
FURTHER AFFIANT SAYETH NOT.

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

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 31st day of October, 1995.

The VAULT Group, Inc.

By: _____


John J. Allen, President

The foregoing instrument was acknowledged before me this 31st day of October, 1995, by John J. Allen, President of The VAULT Group, Inc. Such person did take an oath and: *(notary must check applicable box)*

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

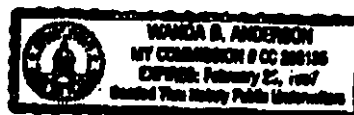
{Notary Seal must be affixed}

Wanda B. Anderson
Signature of Notary

Wanda B. Anderson
Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal): _____

My Commission Expires (if not legible on seal): _____



A9500001643

December 28, 1995

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: VAULT - Old Kings Partners, Ltd.
Document number A9500001643

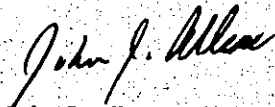
To whom it may concern:

Please correct your records to show an office suite number for our Partnership.
The correct mailing address should be:

VAULT - Old Kings Partners, Ltd.
1301 Riverplace Boulevard, Suite 2552
Jacksonville, Florida 32207

Thank you.

Respectfully,



John J. Allen
Partner

1.4.96
mtm

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 29 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
1a. DOCUMENT #
VAULT - OLD KINGS PARTNERS, L.P.
A95000001643

1301 RIVERPLACE BOULEVARD, SUITE 2552
JACKSONVILLE, FL 32207

Mailing Address Principal Office Address

ABOVE

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 11-1-95
3a. Date of Last Report N/A
4. State or Country of Formation FLORIDA

5a. Capital Contributions as Shown
on Record \$20,000
5b. Amount of Capital Contributions in
FLORIDA to date 0
6. FEI Number APPLICABLE FOR

7. CERTIFICATE OF STATUS REQUIRED ☐
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

JOHN J. ALLEN
1301 RIVERPLACE BOULEVARD, SUITE 2552
JACKSONVILLE, FL 32207

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

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
THE VAULT GROUP, INC.	1301 RIVERPLACE BLD #2552	JACKSONVILLE, FL 32207	V73143 (2) 100001705221 -02/02/96--01062--001 ***278.75 ***278.75

8750 over payment
KWIM

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 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 62, Florida Statutes.

SIGNATURE

DATE JANUARY 18, 1996

Typed or Printed Name of General Partner Signing Form JOHN J. ALLEN FOR THE VAULT GROUP, INC. Telephone Number (904) 391-0008

A 95000001643

1/07/97 CORPORATE DETAIL RECORD SCREEN 8:47 AM
NUM: A95000001643 ST:FL ACTIVE/FL LP FLD: 11/01/1995
ACT CONT: 20,000.00 FEI#: APPLIED FOR
NAME : VAULT - OLD KINGS PARTNERS, LTD.
PRINCIPAL: 1301 RIVERPLACE BLVD.
ADDRESS SUITE 2552
JACKSONVILLE, FL 32207
RA NAME : ALLEN, JOHN J
RA ADDR : 1301 RIVERPLACE BLVD., STE. 2552
JACKSONVILLE, FL 32207 US
ANN REP :

CHANGED: 01/04/96
400002077704--7
-02/05/97--01001--010
****825.74 ****518.99

(1996) I 01/29/96

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

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DIVISION OF CORPORATIONS
97 JAN 30 PM 3:49

Name	
Availability	
Document	
Examiner	
Updater	
Transfer	
Refund	
Pre.ment	DCC
erifyer	DCC

*increasing
to
\$ 103,141.00*

C. TAX _____
FILING 581.99
R. AGENT FEE _____
C. CMT _____
TOTAL _____
N. BANK _____
BALANCE DUE _____
REFUND _____

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of VAULT-Old Kings Partners, Ltd. a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partnership is \$103,141.

This 27th day of December, 1996.

FURTHER AFFIANT SAYETH NOT.

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

General Partners

John J. Allen President
The VAULT Group, Inc.

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DIVISION OF CORPORATIONS
97 JAN 30 PM 3:49