

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-223-9171
904-223-0391 FAX

800-342-8086



A95000001681

ACCOUNT NO. : 072100000032

REFERENCE : 725028 6209A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : November 4, 1995

ORDER TIME : 10:05 AM

ORDER NO. : 725028

CUSTOMER NO: 6209A

CUSTOMER: William H. Cauthen, Esq
CAUTHEN & FELDMAN

215 N. Joanna Avenue

Tavares, FL 32778-3200

DOMESTIC FILING

NAME: WESTSHORE GROUP, LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -6 AM 11:52

G. TAX
FILING 1750.00
R. AGENT FEE 25.00
S. COPY
TOTAL 1775.00
V. BANK
BALANCE DUE
REFUND

400001631844
-11/08/95--01049--023
***1785.00 ***1785.00

BK
11/6/95

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
WESTSHORE GROUP, LTD.**

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -6 AM 11:52

The undersigned, constituting all of the general partners, heret execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be WESTSHORE GROUP, LTD.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106, shall be located at 5300 West Knox Street, Tampa, FL 33634, and the name of the Partnership's agent for service of process is DAVID HYMAN, and the address of the registered agent is 3415 Beach Drive, Tampa, FL 33629.

3. **Name and Business Address of the General Partners.**

(a) The name and address of the General Partners are:

<u>Name</u>	<u>Address</u>
LIONEL ELOZORY, Trustee of the LIONEL ELOZORY FAMILY TRUST dated March 20, 1980, as amended	5300 West Knox Street Tampa, FL 33634
DAVID HYMAN, as Trustee of the DAVID HYMAN FAMILY TRUST dated March 24, 1980, as amended	5300 West Knox Street Tampa, FL 33634
LEANDRO TELLES, as Trustee of the LEANDRO TELLES FAMILY TRUST dated December 18, 1984	5300 West Knox Street Tampa, FL 33634

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be 5300 West Knox Street, Tampa, FL 33634.

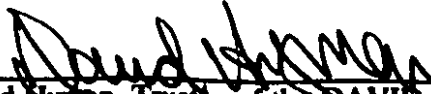
5. **Term.** The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until December 31, 2045, unless sooner terminated in accordance with a Limited Partnership Agreement for WESTSHORE GROUP, LTD.

DATED this 3rd day of November, 1995.

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



Lionel Elozory, Trustee of the LIONEL
ELOZORY FAMILY TRUST, dated March 20,
1980, as amended



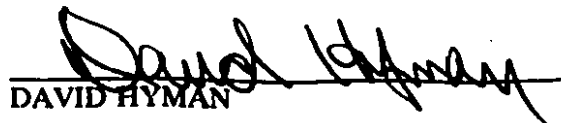
David Hyman, Trustee of the DAVID HYMAN
FAMILY TRUST, dated March 24, 1980, as
amended



Leandro Telles, Trustee of the LEANDRO
TELLES FAMILY TRUST, dated December 18,
1984

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


DAVID HYMAN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -6 PM 11:52

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting all of the general partners of WESTSHORE GROUP LTD., a Florida Limited Partnership, certify as follows:

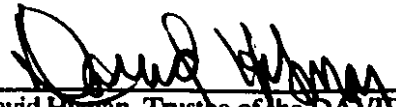
1. To date, the amount of capital contribution of the limited partners is \$900.00.
2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,720,000.00

DATED this 3rd day of November, 1995.

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



Lionel Elzory, Trustee of the
LIONEL ELOZORY FAMILY
TRUST, dated March 20, 1980,
as amended



David Hyman, Trustee of the DAVID
HYMAN FAMILY TRUST, dated
March 24, 1980, as amended



Leandro Telles, Trustee of the
LEANDRO TELLES FAMILY
TRUST, dated December 18,
1984

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SECRETARY OF CORPORATIONS
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FILE ON OR BEFORE DECEMBER 31, 1996 ON PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$900 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED

95 DEC 11 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
Westshore Group, Ltd.

1a. DOCUMENT #
A95000001681

Mailing Address

Principal Office Address

5300 West Knox Street
Tampa, Florida 33634

5300 West Knox St.
Tampa, FL 33634

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
11/6/95

3a. Date of Last Report

4. State or Country of Formation

Florida

City, State & Zip

5a. Capital Contributions as Shown
on Report
\$1,720,000

5b. Amount of Capital Contributions in
FLORIDA to date
\$900

6. FEI Number
59-3342578

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

David Hyman
3415 Beach Drive
Tampa, Florida 33629

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

Lionel Etozory
David Hyman
Leandro Telles

5300 West Knox St.
5300 West Knox St.
5300 West Knox St.

Tampa, FL 33634
Tampa, FL 33634
Tampa, FL 33634

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 620, Florida Statutes.

SIGNATURE

✓

Etozory

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2F003 (6/95)