

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9471
904-222-0393 FAX

800-342-8086

A95000001727



networks

PRENTICE HALL
LEGAL & FINANCIAL SERVICES

COUNT NO. 072100000032

REFERENCE : 736387 136686A

AUTHORIZATION :

COST LIMIT : * PREPAID

ORDER DATE : November 15, 1995

ORDER TIME : 9:59 AM

ORDER NO. : 736387

CUSTOMER NO: 136686A

CUSTOMER: Judson D. King, Esq
JUDSON D. KING, ESQ

Suite 7
1326 South Ridgewood Avenue
Daytona Beach, FL 32114

DOMESTIC FILING

NAME: ORMOND INTERCHANGE INN EAST,
LTD.

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS:

BK
11/15/95

G. TAX _____
FILING _____ 1750.00
R. AGENT FEE _____ 35.00
C. COPY _____ 52.50
TOTAL _____ 1837.50
N. DANK _____
BALANCE DUE _____
REFUND _____

200001643722
-11/22/95-01026-005
1837.50 1837.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 15 PM 2:58
RECEIVED
NOV 15 PM 11:15
DIVISION OF CORPORATIONS

CERTIFICATE OF LIMITED PARTNERSHIP

**ORMOND INTERCHANGE INN EAST, LTD.,
a Florida Limited Partnership**

FILED OF STATES
SECRETARY OF CORPORATIONS
96 NOV 15 PM 12:58

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

a. The name of the Limited Partnership is: Ormond Interchange Inn East,
Ltd.

b. The address of the office of the Limited Partnership and the name and address of the agent for service of process (whose consent to appointment is set forth below) are as follows:

Address of the office of the Limited Partnership:

2209 South Atlantic Avenue
Daytona Beach Shores, Florida 32118

Agent for service of process:

James L. Bazemore
2209 South Atlantic Avenue
Daytona Beach Shores, Florida 32118

c. The name and business address of every General Partner is as follows:

James L. Bazemore
2209 South Atlantic Avenue
Daytona Beach Shores, Florida 32118

d. The Limited Partnership's mailing address is:

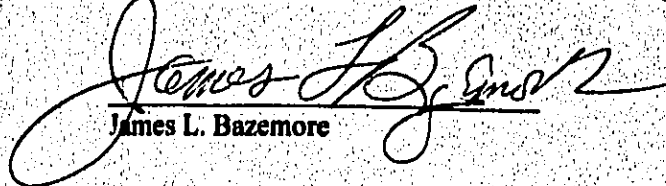
2209 South Atlantic Avenue
Daytona Beach Shores, Florida 32118

e. The latest date upon which the limited partnership is to dissolve is
September 1, 2030.

The execution of this certificate by the 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 on behalf of the sole General Partner of Ormond Interchange Inn East, Ltd. this 13th day of November, 1995.

General Partner

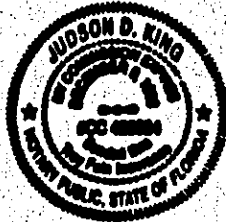

James L. Bazemore

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing Certificate of Limited Partnership was acknowledged before me this 13th day of November, 1995, by James L. Bazemore. He is personally known to me.

NOTARY PUBLIC:

Sign: 
Print:



State of Florida At Large
(Seal)

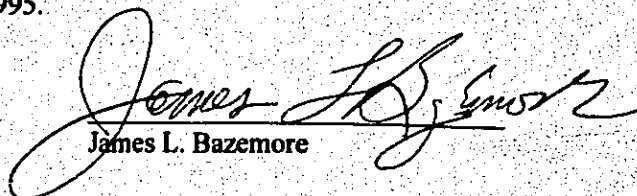
My Commission Expires:

Title/Rank:

Serial Number :

**ACCEPTANCE OF DESIGNATION
AS AGENT FOR SERVICE OF PROCESS**

The undersigned, James L. Bazemore, hereby accepts the designation by the above named Limited Partnership as its Agent for Service of Process in accordance with Florida Statutes §620.105 as of the 13th day of November, 1995.


James L. Bazemore

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

**ORMOND INTERCHANGE INN EAST, LTD.,
a Florida Limited Partnership**

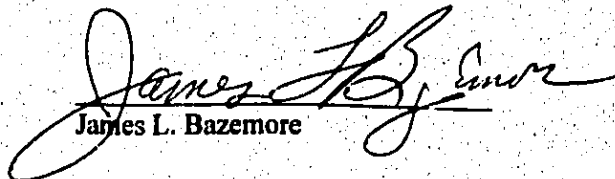
STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, personally appeared James L. Bazemore, the sole general partner of Ormond Interchange Inn East, Ltd. (the "Partnership"), who upon being duly sworn, certified as follows:

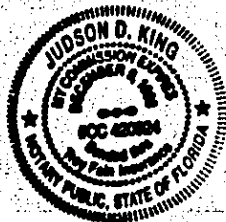
1. The Partnership has received \$750,000.00 in contributions from limited partners to date.
2. At this time, it is anticipated that the limited partners will contribute, in the aggregate, contributions totaling \$750,000.00.

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.

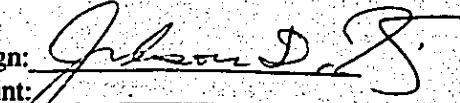
General Partner


James L. Bazemore

The foregoing Affidavit of Capital Contributions was acknowledged before me this 13th day of November, 1995, by James L. Bazemore. He is personally known to me.



NOTARY PUBLIC:

Sign: 
Print: _____

State of Florida At Large
(Seal)

My Commission Expires:

Title/Rank:

Serial Number :

FILED STATE
SECRETARY OF CORPORATIONS
95 NOV 15 PM 2:59

CONTACT:

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

526 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

200001934452

-08/28/96--01053--020

1662.50 **52.50

OFFICE USE ONLY

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

1

Ormond Interchange Inn East, L+cl.

(Corporation Name)

(Document #)

2

(Corporation Name)

(Document #)

3

(Corporation Name)

(Document #)

4

(Corporation Name)

(Document #)

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Pick Up

G. TAX

FILING

AGENT FEE

G. COPY

TOTAL

N. BANK

BALANCE DUE

REFUND

Certified Copy

Certificate of Status

Certificate of Good Standing

ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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 checked="" 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

OTHER FILINGS

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

REGISTRATION/QUALIFICATION

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

HOLD FOR
PICKUP BY
UCC SERVICES

Examiner's Initials

190

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 23 PM 3:04

RECEIVED
96 AUG 23 PM 2:06
DIVISION OF CORPORATIONS

52.50

377

A95000001727

BK
8/23/96

**CERTIFICATE OF AMENDMENT TO
CERTIFICATE OF LIMITED PARTNERSHIP OF**

ORMOND INTERCHANGE INN EAST, LTD.
a Florida Limited Partnership

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 AUG 23 PM 3:04

Pursuant to the provisions of Section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on November 15, 1995, adopts the following certificate of amendment to its certificate of limited partnership:

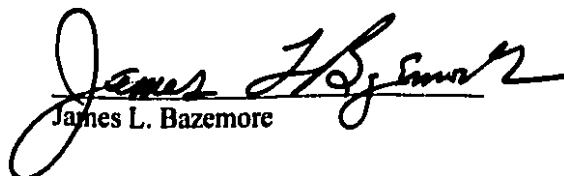
FIRST: Paragraph (c) of the aforementioned Certificate of Limited Partnership is amended to include the following additional General Partner:

Steven W. Mullinger
2209 South Atlantic Avenue
Daytona Beach, Florida 32118

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Amendment to the Certificate of Limited Partnership has been executed on behalf of the General Partners of Ormond Interchange Inn East, Ltd. this 31st day of July, 1996.

Original General Partner


James L. Bazemore

Additional General Partner


Steven W. Mullinger

CONTACT:

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

526 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

300001934463

-08/28/96--01053--020

***1662.50 ***1610.00

OFFICE USE ONLY

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

- 1 Ormond Interchange Inn East, L+cl (Corporation Name) 1727 (Document #)
- 2 _____ (Corporation Name) _____ (Document #)
- 3 _____ (Corporation Name) _____ (Document #)
- 4 _____ (Corporation Name) _____ (Document #)

FILED STATE
SECRETARY OF CORPORATIONS
96 AUG 23 PM 3:06

RUSH

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Pick Up Time

G. TAX 1750.00

FILING 1750.00

R. AGENT FEE _____

C. COPY _____

TOTAL 1750.00

N. BANK _____

BALANCE DUE _____

FFIND _____

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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 checked="" 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

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

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

HOLD FOR
PICKUP BY
UCC SERVICES

Examiner's Initials BK

RECEIVED
96 AUG 23 PM 2:06
DIVISION OF CORPORATIONS

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR
ORMOND INTERCHANGE INN EAST, LTD.
a Florida Limited Partnership**

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 AUG 23 PM 3:06

The undersigned general partners of ORMOND INTERCHANGE INN EAST, LTD., a Florida limited partnership, executed this supplemental affidavit filed pursuant to Section 620.112, Florida Statutes.

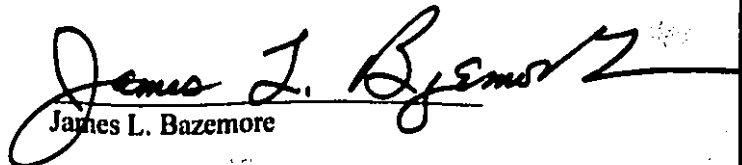
The Partnership has received an additional \$230,000.00 in capital contributions from limited partners, making the total amount of the capital contributions of the limited partners received to date equal to \$980,000.00.

This 31st day of July, 1996.


FURTHER AFFIANT SAYETH NOT.

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

Co-General Partner


James L. Bazemore

Co-General Partner


Steven W. Mullinger

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



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

FILED
96 APR 19 AM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

ORMOND INTERCHANGE INN EAST, LTD.

1a. DOCUMENT #
A95000001727

Mailing Address

2200 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Principal Office Address

2200 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

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 11/15/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record:
\$750,000.00

5b. Amount of Capital Contributions in
FLORIDA to date:
750,000.00

6. FEI Number

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 \$578.25 (\$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

BAZEMORE, JAMES L
2200 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

Name

10. If changed, new Registered Agent/Office

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)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

DATE 4-2-96

11. Name(s) of General Partner(s)

BAZEMORE, JAMES L

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2200 SOUTH ATLANTIC A

11b. City, State & Zip Code

DAYTONA BEACH SHORES

11c. Registry/
Document Number

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 11, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

J. L. BAZEMORE

DATE

4-2-96

Telephone Number

24-255-0581

CR2E03 (1/195)