A95000001836

William A. Johnson, P.A.
Attorney-at-Law
Imperial Plaza
6767 N. Wickham Road, Suite 405F
Melbourne, Florida 32940
tel: (407) 253-1667 & 253-1915
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November 8, 1995

200001685222
-11/14/95--01048--008
***1837.00 ***1837.00

Department of State
Division of Corporations-Limited Partnerships
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed the certificate of Limited Partnership for Fins Coastal Bar & Grille, Ltd., the affadavit of contributions and a check for the amount of $1,837.00. Please file the certificate and affadavit. The check represents payment for a certified copy, registering the agent and appropriate filing fee. Please return the certified copy to this office.

FILED
1995 NOV 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you for your cooperation.

Sincerely,

William A. Johnson, Esq.

WAJ/waj

11/29/95a

Mr. Johnson gave authorization to correct affidavit to reflect an amount of $325,000.00

~~A95000001836~~

~~$789,611,640,709,671~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 14, 1995

WILLIAM A. JOHNSON, ESQUIRE
6767 N. WICKHAM RD.
IMPERIAL PLAZA, STE. 400F
MELBOURNE, FL 32940

SUBJECT: FINS COASTAL BAR & GRILLE I, LTD.
Ref. Number: W95000022528

We have received your document for FINS COASTAL BAR & GRILLE I, LTD. and your check(s) totaling $1837.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6920.

Ava Watson
Corporate Specialist

Letter Number: 095A00050482

CERTIFICATE OF LIMITED PARTNERSHIP
OF

1. Fins Coastal Bar & Grille I, Ltd. A95000001836
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 6450 N. Wickham Road, Melbourne, Florida 32940
(Business address of Limited Partnership)

3. William A. Johnson
(Name of Registered Agent for Service of Process)

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95 NOV 28 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. 6767 N. Wickham Road, Suite 400F, Melbourne, Florida 32940
(Florida street address for Registered Agent)

5. William A. Johnson
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 6767 N. Wickham Road, Suite 400, Melbourne, Florida 32940
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is 10/5/2015.

8. Name of general partner(s): | Specific address:

Name of general partner(s):	Specific address:
Fins Coastal Bar & Grille, Inc.	6767 N. Wickham Road, Suite 400
	Melbourne, Florida 32940

Signed this _____ *day of* _____, *19* _____.

Signature of all general partners:

_____
General Partner

_____
General Partner

_____
General Partner

John W. Rose
General Partner
For: Fins Coastal Bar & Grille, Inc.
Sole General Partner

_____
General Partner

_____
General Partner

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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1995 NOV 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned constituting all of the general partners of

Fins Coastal Bar & Grille,I, Ltd. , *a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is $ 275,000.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 325,000.00 .

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

This _____ day of _____, 19_____.

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A95000001836

LIMITED PARTNERSHIP ... DIVISION OF CORPORATIONS

FILED
95 DEC 13 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Fins Coastal Bar & Grille,I, Ltd. 96-AR

CM

1a. DOCUMENT #
A95000001836

Mailing Address
6767 N. Wickham Road
Suite 400
Melbourne, Florida 32940

Principal Office Address
6450 N. Wickham Road
Melbourne, Florida 32940

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

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
November 29, 1995

3a. Date of Last Report
N/A

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on Record
325,000.00

5b. Amount of Capital Contributions in FLORIDA to date
275,000.00

6. FEI Number
Applied For ✓
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐
[redacted]

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

William A. Johnson, P.A.
6767 N. Wickham Road, Suite 400F
Melbourne, Florida 32940

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 Number)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Fins Coastal Bar & Grille, Inc.	6767 N. Wickham Road Suite 400	Melbourne, FL 32940	P95000060218

700001673297
-12/28/95--01077--024
****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)(i) 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 _____ DATE 12-14-95

Typed or Printed Name of General Partner Signing Form _____ Telephone Number 407-259-2934

CR2E003 (6/95)