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TO: DIVISION OF CORPORATIONS
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STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135- -0000
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000013539)))
DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
NAME: PROVEST MANAGEMENT, LTD.
FAX AUDIT NUMBER: H95000013539
DATE REQUESTED: 12/01/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $87.50
CURRENT STATUS: REQUESTED
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12-1

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TALLAHASSEE, FLORIDA

Harleston Wood
1000 Brickell Ave. #300
Miami, FL 33131
(305) 358-1000
FLA BAR 291757

H95000013539

CERTIFICATE OF LIMITED PARTNERSHIP

OF

PROVEST MANAGEMENT, LTD.

1. ProVest Management, Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1000 Brickell Avenue, Suite 300, Miami, Florida 33131
(The Business Address of Limited Partnership)

3. M. Allen Morris
(Name of Registered Agent for Service of Process

4. 1000 Brickell Avenue, Suite 1200, Miami, Florida 33131
(Florida Street Address for Registered Agent)

5. M. Allen Morris
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1000 Brickell Avenue, Suite 300, Miami, Florida 33131
(The Mailing Address of the Limited Partnership)

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

P16775 - Hammond Venture, Inc. — C/O The Allen Morris Company
1000 Brickell Avenue
Suite 300
Miami, Florida 33131

H95000013539

Signed this 10th day of March, 1995.

Signature of all general partners:

BY: Bill G. Davis
Bill G. Davis, Treasurer, Hammond Venture, Inc.,
General Partner of ProVest Management, Ltd.

H950001353 9

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of ProVest Management, Ltd., a Florida Limited Partnership, certify as follows:

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

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

This 10th day of March, 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.

Bill G. Davis

Bill G. Davis, Treasurer, Hammond Venture, Inc.,
General Partner of ProVest Management, Ltd.

H950001353 9

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

LIMITED PARTNERSHIP ANNUAL REPORT **1996**

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

PROVEST MANAGEMENT, LTD.

1a. DOCUMENT # **A95000001865**

Mailing Address	Principal Office Address
1000 BRICKELL AVENUE. STE. 300 MIAMI FL 33131	1000 BRICKELL AVENUE. STE. 300 MIAMI FL 33131

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
12/01/1995		FL

5a. Capital Contributions as Shown on Record.	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number		7. CERTIFICATE OF STATUS REQUIRED
$1,000.00	$1,000.00	65-0628897	Applied For Not Applicable	[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**

MORRIS, W. ALLEN
1000 BRICKELL AVENUE, STE. 300
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name 000001717360
-02/16/96--01086--001

Street Address (P.O. Box Number Is Not Acceptable) ****191.25 ****191.25

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
HAMMOND VENTURE, INC.	1000 BRICKELL AVENUE,	MIAMI FL 33131	P16775

CR - $52.50
SF. $138.75

2/16/96 ck

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 Bill G. Davis DATE 2-6-96

Typed or Printed Name of General Partner Signing Form BILL G. DAVIS, TREASURER Telephone Number (305) 358-1000

CR2E003 (11/95)

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