Document Number Only

A95000001889

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City State Zip Phone

904-222-1092

CORPORATION(S) NAME

100001657621
-12/08/95--01038--008
*****87.50 *****87.50

FILED
1995 DEC -7 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACD Associates Limited Partnership

( ) Profit
( ) NonProfit
( ) Limited Liability Company
( ) Foreign

( ) Amendment
( ) Dissolution/Withdrawal

( ) Merger
( ) Mark

(X) Limited Partnership
( ) Reinstatement

( ) Annual Report
( ) Reservation

( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) CUS/ G/S

( ) Certified Copy

( ) Photo Copies

( ) Call When Ready
(X) Walk In
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( ) Will Wait

( ) After 4:30
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W.P. Verifier	

3.00

12/7/95

FF. $ 87.50

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CR2E031 (1-89)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ACD ASSOCIATES LIMITED PARTNERSHIP

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TALLAHASSEE, FLORIDA

1. ACD Associates Limited Partnership A95000001889
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 2720 N.W. 6th Street, Suite A, Gainesville, FL 32609
(The Business Address of Limited Partnership)

3. Aware Development, Inc.
(Name of Registered Agent for Service of Process)

4. 2720 N.W. 6th Street, Suite A, Gainesville, FL 32609
(Florida Street Address for Registered Agent)

5. Acceptance by the Registered Agent for Service of Process.

Aware Development, Inc.

Ute Alice von Castel-Dunwoody
(Officer Must Sign on This Line)

Ute Alice von Castel-Dunwoody - President
(Type Name and Title of Officer)

6. Same as Above.
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2045.

(Cont'd)

8. NAME OF GENERAL PARTNER(S) | SPECIFIC ADDRESS

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
Aware Development, Inc.	2720 N.W. 6th Street, Suite A
	Gainesville, FL 32609

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95 DEC 17 PM 1:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this ____ day of December, 1995.

Signature of all general partners:

Aware Development, Inc.

Ute Alice von Castel-Dunwoody
General Partner

By: Ute Alice von Castel-Dunwoody
President

General Partner

General Partner

General Partner

General Partner

(FLA. — LP 2914)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of ACD ASSOCIATES LIMITED PARTNERSHIP, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 800.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 800.00.

This 6th day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) daclare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

Aware Development, Inc.

General Partner

By: Ute Alice von Castel-Dunwoody
President

General Partner

General Partner

General Partner

General Partner

General Parnter

General Partner

General Partner

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TALLAHASSEE, FLORIDA

(FIA. - LP 2913 - 10/3/90)

328 P02

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
96 MAR 20 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

ACD ASSOCIATES LIMITED PARTNERSHIP

1a. DOCUMENT # **A95000001889**

Mailing Address
2720 NW 6TH ST.
SUITE A
GAINESVILLE FL 32609

Principal Office Address
2720 NW 6TH ST.
SUITE A
GAINESVILLE FL 32609

2. New Mailing Address, If Applicable
Suite, Apt. #, etc. 400001753974
~~03/22/96--01018--010~~
City, State & Zip ****191.25 ****191.25

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: 12/07/1995
3a. Date of Last Report:
4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $800.00
5b. Amount of Capital Contributions in FLORIDA to date: 800
6. FEI Number: 59-3349464
Applied For
Not Applicable
7. CERTIFICATE OF STATUS REQUIRED ($8.75 Additional Fee required for a Certificate of Status) ☐

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

AWARE DEVELOPMENT, INC.
2720 NW 6TH ST.
SUITE A
GAINESVILLE FL 32609

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 620.1 151 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
AWARE DEVELOPMENT, INC.	2720 NW 6TH ST., STE.	GAINESVILLE FL 32609	P95000091357

AR $52.50
SF-$138.75
3/20/96

CR2E003 (11/95)

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 [signature] DATE 3-18-96

Typed or Printed Name of General Partner Signing Form ______________ Telephone Number (352)-378-3879

0000749