

A95 001921

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

200001659492
-12/12/95--01034--004
****140.00 ****140.00

OFFICE USE ONLY

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

1. Westview Plaza Associates, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 12:11 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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 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

CC 12/11/95w

Examiner's Initials

A95000001921

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
WESTVIEW PLAZA ASSOCIATES, LTD.**

FILED
1995 DEC 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner, desiring to form a limited partnership pursuant to Section 620.018 of the Florida Statutes, does hereby certify and swear to the following:

1. The name of the limited partnership is WESTVIEW PLAZA ASSOCIATES, LTD.
2. The location of the principal place of business of the limited partnership is 701 Brickell Avenue, Suite 1400, Miami, Florida 33131-2822.
3. The name of the agent for service of process on the limited partnership required to be maintained pursuant to the provisions of Section 620.105 of the Florida Statutes is W. Douglas Pitts, whose address is 701 Brickell Avenue, Suite 1400, Miami, Florida 33131-2822.
4. The name and business address of the sole general partner is LANCASTER DEVCORP, INC., a Florida corporation, 701 Brickell Avenue, Suite 1400, Miami, Florida 33131-2822.
5. The mailing address for WESTVIEW PLAZA ASSOCIATES, LTD., is 701 Brickell Avenue, Suite 1400, Miami, Florida 33131-2822.
6. The latest date upon which the limited partnership is to dissolve is December 31, 2025, unless otherwise agreed in writing by the partners.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Westview Plaza Associates, Ltd., this 8th day of December, 1995.

GENERAL PARTNER:

LANCASTER DEVCORP, INC.
a Florida corporation

By: [Signature]
W. Douglas Pitts, President

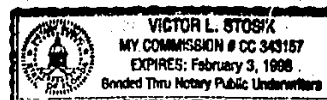
STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, personally appeared W. Douglas Pitts, known to me to be President of LANCASTER DEVCORP, INC., a Florida corporation, the General Partner of WESTVIEW PLAZA ASSOCIATES, LTD., in the foregoing instrument, and known to me to be the person who executed the same, and he acknowledged before me that said instrument is his act and deed and that he executed the same for the purposes therein expressed in the capacities stated herein. He is personally known to me and did/did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 8th day of December, 1995.

[Signature]
Name: VICTOR L. STOSIK
Notary Public, State of Florida

My Commission Expires:



LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHO PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

WESTVIEW PLAZA ASSOCIATES, LTD., with its principal place of business at 701 Brickell Avenue, Suite 1400, Miami, Florida 33131-2822, has named W. Douglas Pitts, located at 701 Brickell Avenue, Suite 1400, Miami, State of Florida, as its Agent to accept service of process within Florida.

GENERAL PARTNER:

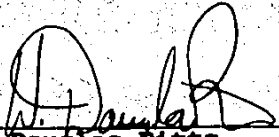
**LANCASTER DEVCORP, INC
a Florida corporation**

By:


**W. Douglas Pitts
President**

Date: December 8, 1995

Having been named to accept service of process as statutory registered agent for the above stated limited partnership, at the place designated in this certificate, I hereby agree to act in that capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 Florida Statutes.


**W. Douglas Pitts
Registered Agent**

Date: December 8, 1995

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
1995 DEC 11 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared W. Douglas Pitts, the President of Lancaster Devcorp, Inc., a Florida corporation, and the sole general partner of Westview Plaza Associates, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being duly sworn, certified as follows:

1. The amount of the initial capital contributions made by the limited partners to the Partnership is, in the aggregate, \$1,000.00.

2. At this time, the anticipated amount of the capital contributions to be made by the limited partners to the Partnership is, in the aggregate, \$6,000.00.

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:

LANCASTER DEVCORP, INC.
a Florida corporation

By: [Signature]
W. Douglas Pitts
President

Date: December 8, 1995
Miami, Florida

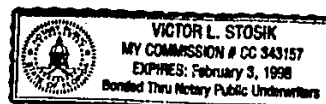
BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgements in and for the State and County set forth above, personally appeared W. Douglas Pitts, as President of Lancaster Devcorp, Inc., a Florida corporation and the sole general partner of Westview Plaza Associates, Ltd., known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as the President of the General Partner of said Partnership. He is personally known to me and did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 8th day of December, 1995.

[Signature]
Name: VICTOR L. STOSIK
Notary Public, State of Florida
at Large

My Commission Expires:

(LOL\WESTVIEW.ACC)



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 11 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001921

WESTVIEW PLAZA ASSOCIATES, LTD.

Mailing Address

701 BRICKELL AVE.
STE. 1400
MIAMI FL 33131-2822

Principal Office Address

701 BRICKELL AVE.
STE. 1400
MIAMI FL 33131-2822

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2c.

3. Date Formed or Registered to Do Business in
FLORIDA
12/11/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$6,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$6,000.00

6. FEI Number
65-0628888

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$4.75 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

PITTS, W. DOUGLAS
701 BRICKELL AVE.
STE. 1400
MIAMI FL 33131-2822

10. If changed, new Registered Agent/Officer

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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. Registry/
Document Number

LANCASTER DEVCORP, INC.

701 BRICKELL AVE., ST

MIAMI FL 33131-2822

M34390

200001742352
-03/13/96--01125--014
***191.25 ***191.25

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)(k), Florida Statutes. I release the Division of Corporations from any liability of not conformance 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

DATE

2/20/96

Typed or Printed Name of General Partner Signing Form

Douglas H. Prudgen, Treasurer
LANCASTER DEVCORP, INC.

Telephone Number

305-379-8467