

# A96000000247

CJ Communities, Inc.

(Requestor's Name)

3575 Bonita Beach Rd

(Address)

Bonita Springs, FL 33923

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

100001710911  
-03/09/96--01005--002  
\*\*\*\*\*96.25 \*\*\*\*\*96.25

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED  
FEB 2 1996  
FBI - MIAMI

96 FEB -2 PM 2:05

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| NEW FILINGS       |  | AMENDMENTS                            |  |
|-------------------|--|---------------------------------------|--|
| Profit            |  | Amendment                             |  |
| NonProfit         |  | Resignation of R.A., Officer/Director |  |
| Limited Liability |  | Change of Registered Agent            |  |
| Domestication     |  | Dissolution/Withdrawal                |  |
| Other Liability   |  | Merger                                |  |

| OTHER FILINGS    |  | REGISTRATION/QUALIFICATION |  |
|------------------|--|----------------------------|--|
| Annual Report    |  | Foreign                    |  |
| Fictitious Name  |  | Limited Partnership        |  |
| Name Reservation |  | Reinstatement              |  |
|                  |  | Trademark                  |  |
|                  |  | Other                      |  |

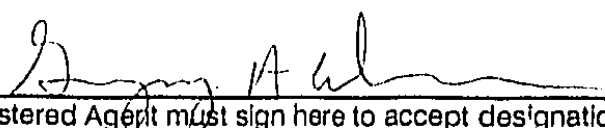
C. TAX \_\_\_\_\_  
87.50  
8.75  
96.25

Examiner's Initials \_\_\_\_\_

A96000000247

TC  
\$1,000.00

CERTIFICATE OF LIMITED PARTNERSHIP  
OF

1. Island Cove, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited",  
"Ltd.", or "Limited Partnership")
2. 3575 Bonita Beach Road SW Bonita Springs, FL 33923  
(The Business Address of Limited Partnership)
3. Gregory A. Erdman  
(Name of Registered Agent for Service of Process)
4. 3575 Bonita Beach Road SW Bonita Springs, FL 33923  
(Florida Street Address for Registered Agent)
5.   
(Registered Agent must sign here to accept designation as Registered Agent for  
Service of Process.)
6. Island Cove, LTD. P.O. Box 369 Bonita Springs, FL 33959-0369  
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is 12/31/2020

8. NAME OF GENERAL PARTNER(S)

SPECIFIC ADDRESS

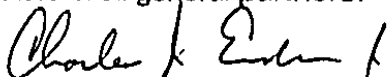
Island Cove, Inc.  
P96000010825  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P.O. Box 369 Bonita Springs, FL 33959  
3575 Bonita Beach Rd SW  
Bonita Springs, FL 33923  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE  
FLA

Signed this 30 day of January 1996 .

Signature of all general partners:



General Partner  
Charles J. Erdman, Jr. Pres.  
Island Cove, Inc. Gen. Ptnr.

General Partner

General Partner

General Partner

General Partner

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of  
Island Cove, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$ 100.00.

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

This 30 day of January, 19 96

FURTHER AFFIANT SAYETH NOT.

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

Charles J. Erdman, Jr.  
General Partner  
Charles J. Erdman, Jr., Pres.  
Island Cove, Inc. Gen. Ptnr.

\_\_\_\_\_  
General Partner

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General Partner

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General Partner

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General Partner

\_\_\_\_\_  
General Partner

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