

CAPITAL CONNECTION, INC.
 417 E. Virginia St., Suite 1, Tallahassee, FL 32301 (904) 222-1222
 Mailing Address: P.O. Office Box 3349 Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-0062
 FAX (904) 222-1222

A 96000 000452 of **N9 52504**
65-overview

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

M/K
 TAX _____
 FILING _____
 52.50
 3.50
 87.50
 3/7/96

_____ Capital Express™
 _____ Art. of Inc. Filing
 _____ Corp. Record Search
 ✓ _____ Ltd. Partnership Filing
 ✓ _____ Foreign Corp. Filing
 _____ (1) Cert. Copy(s)
Photo
 _____ Art. of Amend. Filing
 _____ Dissolution/Withdrawal
 _____ O U B-
 _____ Fictitious Name Filing

_____ Name Reservation
 _____ Annual Report/Reinstatement
 _____ Reg. Agent Service
 _____ Document Filing

_____ Corporate Kit
 _____ Vehicle Search
 _____ Driving Record
 _____ Document Retrieval

_____ UCC 1 or 3 Filing
 _____ UCC 11 Search
 _____ UCC 11 Retrieval
 _____ File No.'s, _____ Copies
 _____ Courier Service
 _____ Shipping/Handling
 _____ Phone () _____
 _____ Top Priority
 _____ Express Mail Prop.
 _____ FAX () _____ pgs.

SUBTOTALS _____

C.C. FEE. DISBURSED

96 MAR - 1 AM 10:58
 DIVISION OF SECRETARY OF REVENUE

500001740155
 -03/12/96-01104-002
 *****87.50 *****87.50

96 MAR - 7 AM 10:28
 DIVISION OF SECRETARY OF REVENUE

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	3/7		
TIME	10:30		CK No. _____
BY	DP		

WALK-IN
 Will Pick Up _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts

THANK YOU
 from

CERTIFICATE OF LIMITED PARTNERSHIP AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

GROVEVIEW LIMITED

The undersigned makes this Certificate pursuant to Section 620.108 Florida Statutes

ARTICLE I.
NAME

This limited partnership shall be named Groveview Limited.

ARTICLE II.
OFFICE; REGISTERED AGENT

The name and address of the agent for service of process required to be maintained by Section 620.105 Florida Statutes, as well as the address of the office where records of the limited partnership will be kept shall be as follows:

Name: Kenneth G. Dixon
Address: 1637 E. Vine Street, Suite E
Kissimmee, Florida 34744

ARTICLE III.
NAME AND BUSINESS ADDRESS OF GENERAL PARTNER

The name and address of the general partner of this limited partnership is as follows:

Tompkins Heritage Homes, Inc.
1637 E. Vine Street, Suite E
Kissimmee, Florida 34744

896000008417

ARTICLE IV.
LOCATION; MAILING ADDRESS

The location and mailing address of this limited partnership shall be 1637 East Vine Street, Suite E, Kissimmee, Florida 34744.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
35 MAR -7 AM 10:58

**ARTICLE V.
DURATION OF THE PARTNERSHIP**

The partnership shall commence upon the filing of this Certificate of Limited Partnership and shall continue until December 31, 2021, unless terminated at an earlier date.

**ARTICLE VI.
CAPITAL CONTRIBUTIONS**

The total capital contribution of the limited partners in this partnership is \$100.00 cash. The limited partners have not agreed to make any additional contributions to the partnership. The contribution of each limited partner, subject to the provisions set forth in the limited partnership agreement, is to be returned to him or her upon dissolution of the partnership. No limited partner has the right to demand and receive property other than cash in return for his or her contribution.

Dated this 26th day of January, 1996.

GENERAL PARTNER:

Tompkins Heritage Homes, Inc.

By: [Signature]
Thomas N. Tompkins, President

STATE OF FLORIDA)
 :SS
COUNTY OF OSCEOLA)

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Thomas N. Tompkins, personally known by me to be the person who executed the foregoing Certificate of Limited Partnership, and he acknowledged to me and before me that he executed the foregoing instrument as President of the General Partner of Groveview Limited.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid this 26th day of January, 1996.

(NOTARIAL SEAL)



JAMES F. BASQUE
My Comm Exp 3/24/99
Bonded By Service Ins
No. CC442900
☒ Personally Known ☐ Other

[Signature]
Notary Public, State of Florida
My Commission Expires:

FILED
STATE
SECRETARY OF
CORPORATIONS
JAN - 7 AM 10:58

Acceptance of designation as Registered Agent: Kenneth G. Dixon does hereby
accept the foregoing designation as registered agent for the limited partnership for service of process
as to the above limited partnership, 1637 East Vine Street, Suite E, Kissimmee, Florida 34744.

Kenneth G. Dixon
KENNETH G. DIXON,

FILED SECTIONS
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
36 MAR - 7 AM 10:58