

SENT BY: CARLTON FIELDS WARD : 3-19-96 : 10:00AM :

CARLTON, FIELDS-

1# 3/ 0

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3/19/96

FLORIDA DIVISION OF CORPORATIONS  
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9:37 AM

((H96000003925))

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TO: DIVISION OF CORPORATIONS

FROM: CARLTON, FIELDS, WARD, EMMANUEL, SM

DEPARTMENT OF STATE

ONE HARBOUR PLACE

STATE OF FLORIDA

POST OFFICE BOX 3239

409 EAST GAINES STREET

TAMPA FL 33601- 301-

TALLAHASSEE, FL 32399

CONTACT: ANNE ELLIS

FAX: (904) 922-4000

PHONE: (813) 223-7000

FAX: (813) 229-4133

((H96000003925))

DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP

NAME: FLORDECO, LTD.

FAX AUDIT NUMBER: H96000003925

CURRENT STATUS: REQUESTED

DATE REQUESTED: 03/19/1996

TIME REQUESTED: 09:37:11

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

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TALLAHASSEE, FLORIDA

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## CARLTON FIELDS

ATTORNEYS AT LAW

ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BOULEVARD  
TAMPA, FLORIDA 33602-3799

MAILING ADDRESS  
P.O. BOX 3239, TAMPA, FL 33601-3239  
TEL (813) 229-7000 FAX (813) 229-4133

March 19, 1996

AUDIT NO. (((H96000003925)))

Division of Corporations  
Department of State  
State of Florida  
409 East Gaines Street  
Tallahassee, Florida 32399


Via Telecopy  
904-922-4000

Re: Flordecu, Ltd.

Dear Sir:

This letter is a confirmation of the electronic filing of the Certificate of Limited Partnership, Affidavit, and Acceptance of Registered Agent, of Flordecu, Ltd.

Sincerely yours,

  
David P. Burke  
Florida Bar No. 350011

DPB/mpw  
Enclosure

AUDIT NO. (((H96000003925)))

SENT BY: CARLTON FIELDS WARD : 3-18-96 : 10:00AM :  
SENT BY: CARLTON FIELDS : 3-18-96 : 2:16PM :

CARLTON, FIELDS-  
CARLTON, FIELDS-

# 4/ 6  
04100000201# 3/12

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96 MAR 19 AM 9:06

**CERTIFICATE OF LIMITED PARTNERSHIP**

SECTION 222, STATE  
TALLAHASSEE, FLORIDA

THIS CERTIFICATE is made this 18th day of March 1996, by **INVESTORS TRUST, INC.**, a Florida corporation, which is the sole general partner of **FLORDECO, LTD.** (the "Partnership"). The undersigned certifies as follows:

1. The name of the limited partnership is Flordeco, Ltd.
2. The address of the office required to be maintained by the Partnership in Florida pursuant to Section 620.105 of the Florida Statutes is 3591 Fowler Street, Fort Myers, Florida 39901, and the name and address of the agent for service of process is Thomas R. Cronin, Sr.
3. The name of the sole general partner of the Partnership is Investors Trust, Inc., and its business address is 3591 Fowler Street, Fort Myers, Florida 39901.
4. The mailing address of the Partnership is 3591 Fowler Street, Fort Myers, Florida 39901.
5. The latest date upon which the Partnership is to dissolve is December 31, 2016.
6. This Certificate of Limited Partnership is made in accordance with Section 620.108 of the Florida Statutes.

**INVESTORS TRUST, INC.**  
a Florida corporation

By:



Thomas R. Cronin, Sr.  
its President

TR434728.1

096000003925

David P. Burke, Esq.  
Carlton Fields  
P.O. Box 3239  
Tampa, FL 33601  
Ph: 813-223-7000  
Fla. Bar No. 350011

SENT BY: CARLTON FIELDS WARD : 3-10-96 : 10:00AM :  
SENT BY: CARLTON FIELDS : 3-18-96 : 2:10PM :

CARLTON, FIELDS-  
CARLTON, FIELDS-

1# 0/ 0  
84100008301# 4/18

1196000003925

### AFFIDAVIT

STATE OF FLORIDA


COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared Thomas R. Cronin, Sr., who, being by me first duly sworn, deposes and says:

1. I am the President of Investors Trust, Inc., a Florida corporation, which is the sole general partner of Flordeco, Ltd., a Florida limited partnership (the "Partnership"), and I am duly authorized to execute this affidavit on behalf of the Partnership.

2. The amount of the actual capital contribution of the limited partners to the Partnership is \$900.00, which is the total amount anticipated to be contributed by the limited partners.

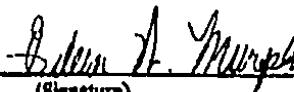
3. This affidavit is made in compliance with Section 620.108(1) of the Florida Statutes.

  
Thomas R. Cronin, Sr.

STATE OF FLORIDA

COUNTY OF LEE

Sworn to and subscribed before me this 18th day of March 1996, by Thomas R. Cronin, Sr., as President of Investors Trust, Inc., the sole general partner of Flordeco, Ltd., on behalf of the partnership. He (please check as applicable) / ☒ / is personally known to me, or has produced / ☐ / his (state) driver's license, or / ☐ / his (type of identification) as identification, and did not take an oath.

  
(Signature)  
Name: EILEEN H. MURPHY  
Notary Public, State of Florida  
My Comm. Expires Feb. 7, 1997  
Comm. No. CC 259552

Serial No. \_\_\_\_\_  
Notary Public,  
State of Florida

(AFFIX OFFICIAL SEAL)

SENT BY: CARLTON FIELDS WARD : 3-10-00 : 10:01AM :  
SENT BY: CARLTON FIELDS : 3-10-00 : 2:17PM :

CARLTON, FIELDS-  
CARLTON, FIELDS-

:# 0/ 0

3418968820:# 5/12

H96000003925

### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for Flordeco, Ltd., a Florida limited partnership, at the place designated in the attached Certificate of Limited Partnership, the undersigned hereby accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent.

Dated this 18th day of March 1996.

By:

  
Authorized Agent

TN438731.1

H96000003925

CARLTON FIELDS  
 Requestor's Name  
 Office Division  
 Address Nancy Ward  
 Tallahassee FL 32302 224-1585  
 City/State/Zip Phone #

**A96000000526**

Office Use Only

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

1. FLORDECO, LTD.

(Corporation Name)

(Document #)

000002092100--3

-02/19/97--01059--029

\*\*\*1802.50 \*\*\*155.76

1802.50

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment Supp. Affidavit
<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

J. TAX  
 FILING 1,750.00  
 R. AGENT FEE  
 C. COPY 54.28  
 TOTAL 1,802.50  
 N. BANK  
 BALANCE DUE  
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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

97 FEB 17 PM 12:00  
 DIVISION OF CORPORATIONS

2/17/97

Examiner's Initials  
 B/K

SUPPLEMENTAL AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LEE

BEFORE ME, the undersigned authority, personally appeared Allan E. Fox, who, being duly sworn deposes and says:

1. I am the President of Investors Trust, Inc., a Florida corporation, which is the sole general partner of Flordeco, Ltd., a Florida limited partnership (the Partnership), and I am duly authorized to execute this affidavit on behalf of the Partnership.

2. The amount of the actual capital contribution of the limited partners to the Partnership has increased from \$900.00 to \$279,000.00

3. This affidavit is made in compliance with Sections 620.112 and 620.114 of the Florida Statutes.

Allan E. Fox  
Allan E. Fox

STATE OF FLORIDA

COUNTY OF LEE

Sworn to and subscribed before me this 28<sup>th</sup> day of January, 1997, by Allan E. Fox, as President of Investors Trust, Inc., the sole general partner of Flordeco, Ltd., on behalf of the partnership. He is personally known to me, and did not take an oath.

☒ Personally Known By Me  
☐ I.D. \_\_\_\_\_



Geraldine P. Talbert  
Signature

Name: Geraldine P. Talbert  
Legibly Printed

Serial No. CC581380  
Notary Public,  
State of Florida

(Affix Official Seal)

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STATE  
SECRETARY  
DIVISION  
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