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FLORIDA DIVISION OF CORPORATIONS

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TOI DIVISION OF CORPORATIONS

PROM: MILL, WARD & MEMBERSON, P.A. 101 B KENNEDY BLVD

DEPARTMENT OF STATE

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STATE OF PLORIDA 409 MAST GAINES STREET

TAIGA PL 33602-8164

TALLAMASSES, FL 32399

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DOCUMENT TYPE: FLORIDA LIMITED PARTHERSHIP

MAKE, MERITAGE CAKE, LTD.

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4 Pages

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CERTIFICATE OF LIMITED PARTNERSHIP AUG -1 FIL IN 01

HERITAGE OAKS, LTD.

The undersigned parties, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act, do hareby certify and swear as follows:

- . Name. The name of the partnership shall be: HERITAGE OAKS, LTD.
- II. Name and Address of Registered Agent. The name and address of the agent and office for service of process of the limited partnership shall be:

W. Parkinson Myers
Amned Properties, Inc.
10549 North Florida Avenue, Suite K
Tampa FL 33612

III. General Partner. The name and address of the general partner of the limited partnership is as follows:

Coro Investments of Hillsborough County, Inc. - PAUCCO 61974 c/o Amned Properties, Inc.
10549 North Florida Avenue, Suite K
Tampa FL 33612

IV. Location of Principal Place of Business and Mailing Address. The limited partnership's principal place of business and mailing address shall be:

c/o Amned Properties, Inc. 10549 North Florida Avenue, Suite K Tampa FL 33612

- V. Term. The term for which the limited partnership is to exist will be from the date of the filing of this Certificate of Limited Partnership until dissolution, which shall be:
 - (a) on December 31, 2035;
 - (b) the sale, abandonment or disposal by the limited partnership of all or substantially all of its assets:

Prepared by: Andrew J. Lubrano, Esquire Hill, Ward & Henderson, P. A. P. O. Box 2231, Tampa FL 33601-2231 (812) 221-3900 Florida Ear Number 263291

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- (c) the entry of a final judgment, order or decree of a court of competent jurisdiction adjudicating the limited partnership to be bankrupt, and the expiration of the period, if any, allowed by applicable law to appeal therefrom;
- (d) any event of dissolution or termination as described in the HERITAGE OAKS, LTD. Limited Partnership Agreement;
 - (c) the determination by the General Partner to dissolve the Partnership.

IN WITNESS WHEREOF, the undersigned has duly sworn to and executed this Certificate on the date and year indicated below.

Executed this ____ day of July, 1996.

"General Partner"

CORO INVESTMENTS OF HILLSBOROUGH COUNTY, INC.

By:

<u>د. اسب</u>

W. Parkinson Myers, Executive Vice President

REGISTERED AGENT CERTIFICATE

Having been named to accept service of process for the above stated limited partnership I hereby accept appointment as its agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

). /A	
V. Pa	rkinson Myers	
Date:	7/25/20	

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APPIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE THE UNDERSIGNED, personally appeared W. PARKINSON MYERS, in his capacity as Executive Vice President of CORO INVESTMENTS OF HILLSBOROUGH COUNTY, INC., the general partner of HERITAGE OAKS, LTD., a Florida limited partnership, hereinafter referred to as the "Partnership", who, upon being sworn, certified as follows:

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

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$100.00.

Under penalty 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.

DATED this 4 day of July, 1996.

FURTHER AFFIANT SAΥETH NOT.

INVESTMENTS HILLSBOROUGH COUNTY, INC., & Florida comoration.

General Partner

Bv:

W. Parkinson Myers. Executive Vice President

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this July 25, 1996, by W. PARKINSON MYERS, as Executive Vice President of CORO INVESTMENTS OF HILLSBOROUGH COUNTY, INC. a Florida on behalf of the corporation. He is personally as identification. known to me or who has produced

> Notary Public / My Commission Expires:

Commission Number:

"OFFICIAL SEAL"
Susan Griffiths
My Commission Expires 6/25/98
Commission #CC 387508

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MAILING ADDRESS: POST OFFICE BOX 2231 TAMPA, FLORIDA 33601 PROFESSIONAL ASSOCIATION SUITE 3700 - BARNETT PLAZA (OI EAST KENNEDY BOULEVARD TAMPA, FLORIDA 33602 TELEPHONE (813) 221-3900 TELECOPIER (813) 221-2000

October 28, 1996 ·

Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314-6327

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Re:

Heritage Oaks, Ltd.

Document No. A9600001438

Our File No. 4665-11

Dear Madam or Sir:

Enclosed for filing please find the Affidavit Increasing Contributions for the above referenced limited partnership and Heritage Oaks, Ltd.'s check no. 0097 in the amount of \$1,750.00 to cover the cost of the filing fees.

If you have any questions, please do not hesitate to call me at (813) 227-8463. Thank you.

Sincerely,

Terrie A. Sigler

Certified Legal Assistant

/tas Enclosure

Andrew J. Lubrano

Name

Availability

Document

Examiner

Updater

Verifyer

Acknowledgement

W. P. Verifyer

AFFIDAVIT INCREASING CONTRIBUTIONS.

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STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority, this day personally appeared W. Parkinson Myers in his capacity as Executive Vice President of CORO INVESTMENTS OF HILLSBOROUGH COUNTY, INC., the sole general partner of HERITAGE OAKS, LTD., a Florida limited partnership (the "Partnership"), who after being duly sworn, deposes and says:

- The Partnership was filed with the Secretary of State of Florida on August 1, 1996 and was assigned document number A96000001438.
- 2. The amount of capital contributions of the limited partners of the Partnership has increased to a total of \$1,425,000.00.
- 3. The total amount contributed by the limited partners totals \$1,425,000.00.

FURTHER AFFIANT SAYETH NOT.

W. Parkinson Myers

SWORN TO AND SUBSCRIBED before me this 22nd day of October, 1996, by the affiant who is personally known to me or who has produced ______es identification.

Notary Public

SUSAN GRIFFITHS

(Print, Type or Stamp Name)
My Commission Expires:

M

"OFFICIAL SEAL"
Susan Griffiths
My Commission Expires 6/26/98
Commission #CC 387508