

1201 HAYS STREET
TALLAHASSEE, FL 32301-2600
800-342-8086
A96000001533



PREMIER HALL
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 072100000032

REFERENCE : 056069 4323852

AUTHORIZATION :

700001926827

-08/20/96--01114--008

****148.75 ****148.75

COST LIMIT : \$ PPD

ORDER DATE : August 16, 1996

ORDER TIME : 10:31 AM

ORDER NO. : 056069

CUSTOMER NO: 4323852

CUSTOMER: Mary Fendle, Legal Assistant
DEAN MEAD EGERTON BLOODWORTH
CAPOUANO & BOZARTH, P.A.
Suite 1500
800 North Magnolia Avenue
Orlando, FL 32803

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 16 PM 2:11
FILING 52.50
R AGENT FEE 25.00
C. COPY 54.50
TOTAL 132.00
N. BANK
BALANCE DUE
REFUND

DOMESTIC FILING

NAME: NEWPORT PARTNERS XXX, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: h/k

RECEIVED
96 AUG 16 AM 11:25
DIVISION OF CORPORATION

8/16/96

CERTIFICATE OF LIMITED PARTNERSHIP
OF
NEWPORT PARTNERS XXX, LTD.

FILED
STATE
SECRETARY OF CORPORATIONS
AUG 16 PM 2:14

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.186 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is "NEWPORT PARTNERS XXX, LTD."

2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

3. The name of the agent for service of process on the Partnership shall be Peter S. Cahall, 300 International Parkway, Suite 270, Heathrow, Florida 32746.

4. The name and business address of the General Partner are:

| <u>Name</u> | <u>Address</u> |
|--|---|
| Newport Partners XXX, Inc. P96000068428 | 300 International Parkway Suite 270 Heathrow, Florida 32746 |

5. The mailing address for the Partnership is 300 International Parkway, Suite 270, Heathrow, Florida 32746.

6. The latest date upon which the Partnership shall dissolve is December 31, 2041.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 13 day of August, 1996.

GENERAL PARTNER

NEWPORT PARTNERS XXX, INC., a Florida corporation

By: 
Peter S. Cahall, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT



Peter S. Cahall

Date: August 15, 1996

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 16 PM 2:11

STATE OF FLORIDA
COUNTY OF SEMINOLE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XXX, INC., the sole general partner of NEWPORT PARTNERS XXX, LTD., a Florida limited partnership (the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$100.00.
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.

FURTHER AFFIANT SAYETH NOT.

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.

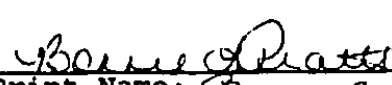
GENERAL PARTNER

NEWPORT PARTNERS XXX, INC.

Date: August 13, 1996

By: 
Peter S. Cahall, President

Sworn to and subscribed before me this 13 day of August, 1996, by PETER S. CAHALL, President of NEWPORT PARTNERS XXX, INC., as General Partner on behalf of NEWPORT PARTNERS XXX, LTD., a Florida limited partnership. He (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____


Print Name: Bonnie L. Pratte
Notary Public - State of Florida
Commission No.: _____
My Commission Expires: _____



FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 AUG 16 PM 2:11

A96000000/533

Requestor's Name
800 North Magnolia Ave. Suite 1500
Address
Orlando, FL 32803
City/State/Zip Phone #

800002019638--9
-12/04/96--01094--009
***1750.00 ***1750.00

Office Use Only

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

1. Newport Partners XXX, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
96 DEC -4 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FL 32304

- ☐ Walk in ☐ Pick up time _____ ☐ 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 type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

A96-1533

| | |
|-----------------|--------------|
| Name | <u>OR</u> |
| Availability | <u>12-10</u> |
| Document | <u>OR</u> |
| Examiner | <u>OR</u> |
| Updater | <u>OR</u> |
| Updater | <u>OR</u> |
| Verifier | <u>OR</u> |
| Acknowledgement | <u>OR</u> |
| W. P. Verifier | <u>OR</u> |

STATE OF FLORIDA
COUNTY OF SEMINOLE

SUPPLEMENTAL AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS

FILED
95DEC-4 PM12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XXX, INC. the sole general partner of NEWPORT PARTNERS XXX, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of capital contributions contributed to the Partnership by the limited partners is \$531,976.50.
2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$0.

FURTHER AFFIANT SAYETH NOT.

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:

NEWPORT PARTNERS XXX, INC.

Date: November 14, 1996

By: [Signature]

Peter S. Cahall, President

The foregoing instrument was acknowledged before me this 14 day of November, 1996, by Peter S. Cahall, as President of NEWPORT PARTNERS XXX, INC., a Florida corporation, on behalf of the corporation. Said person (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.

[Signature]
Print Name: Bonnie L. Pratte
Notary Public, State of Florida
Commission No.: _____
My Commission Expires: _____



BONNIE L. PRATTE
My Commission CC416103
Expires Nov. 20, 1998
Bonded by HAI
800-422-1555

A 96000001533

Newport Partners XXX, Ltd.
Requestor's Name

300 International Parkway, Suite 270
Address

Heathrow, FL 32746
City/State/Zip Phone #

500002059915--0
-01/16/97--01021--007
***2326.25 ***1750.00

Office Use Only

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 15 PM 2:35

| 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 checked="" type="checkbox"/> | Amendment <i>Supplemental Affidavit</i> |
| <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 |

*increasing to
\$972,976.50*

| OTHER FILINGS | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Annual Report <i>DCC</i> |
| <input type="checkbox"/> | Fictitious Name <i>DCC</i> |
| <input type="checkbox"/> | Name Reservation |
| <input type="checkbox"/> | Acknowledgement <i>DCC</i> |
| <input type="checkbox"/> | Verify <i>DCC</i> |

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

C. TAX FILING 1,750.00
R. AGENCY FEE _____
C. C. _____
T. _____
N. _____
BALANCE DUE _____
REFUND _____

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|

STATE OF FLORIDA

COUNTY OF SEMINOLE

SUPPLEMENTAL AFFIDAVIT
OF
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Peter S. Cahall, President of NEWPORT PARTNERS XXX, INC. the sole general partner of NEWPORT PARTNERS XXX, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of capital contributions contributed to the Partnership by the limited partners is \$972,976.50

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$0.

FURTHER AFFIANT SAYETH NOT.

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:

NEWPORT PARTNERS XXX, INC.

Date: December 16, 1996

By: [Signature]
Peter S. Cahall, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 15 PM 2:05

The foregoing instrument was acknowledged before me this 16 day of December, 1996, by Peter S. Cahall, as President of NEWPORT PARTNERS XXX, INC., a Florida corporation, on behalf of the corporation. Said person (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.

Bonnie L. Pratte
Print Name: Bonnie L. Pratte
Notary Public, State of Florida
Commission No.: _____
My Commission Expires: _____



BONNIE L. PRATTE
My Commission CC416103
Expires Nov. 29, 1998
Bonded by HAI
800-422-1555