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ELECTRONIC FILING COVER SHEET

95 SEP 26 PM 1:41 (((H96000013491 1))) TO: DIVISION OF CORPORATIONS (904) 922-4000 FROM: JOHN P. WHITE, P.A. ACCT# 103243001632 CONTACT: DEBBY OR JOHN PHONE: (941)649-7777 FAX 🐠 (941) 434-0050 NAME: PORT BOUGAIN, LTD. AUDIT NUMBER..... H96000013491 DOC TYPE......FLORIDA LIMITED PARTNERSHIP CERT. OF STATUS..1 PAGES..... CERT. COPIES.....0 DEL.METHOD.. - J 103,25 EST.CHARGE.. 999.75 NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE TH FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT \*\* ENTER 'M' FOR MENU. \*\* ENTER SELECTION AND <CR>:

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## CERTIFICATE OF LIMITED PARTINERSHIP FOR PORT BOUGAIN, LTD.

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WHEREAS, the General Partner and Limited Partner wish to form a Florida limited partnership pursuant to § 620.108, Fla. Stat., and the undersigned General Partner wishes to file this Certificate with the Department of State and would set forth the following:

- 1. Name. The name of the limited partnership is "PORT BOUGAIN, LTD." and its principal office and mailing address is 5121 Castello Drive, Suite 2, Naples, Fiorida 34103.
- 2. <u>REGISTERED OFFICE AND AGENT</u>. The address of the office for service of process is 5121 Castello Drive, Suite 2, Naples, Florida 34103, and the name of the Registered Agent is John P. White.
- 3. NAMES AND ADDRESS OF GENERAL PARTNER. The name and mailing address of the General Partner is Port Bougain, Inc., 5121 Castello Drive, Suite 2, Naples, Florida 34103.
- 4. <u>DURATION OF LIMITED PARTNERSHIP</u>. The latest date upon which the limited partnership shall be terminated and dissolved depends on the happening of the following events: (a) the disposition of all Partnership assets; (b) failure to elect a successor general partner who has consented to serve commencing with the effective date of the death or disability of the last General Partner; (c) ten (10) years from the filing of the Certificate of Limited Partnership with the Secretary of State; and (d) the bankruptcy or withdrawal of the General Partner as provided in Article 14 <u>Duration</u>, <u>Termination and Winding Up</u>, of the Limited Partnership Agreement.
- 5. GENERAL CHARACTER OF BUSINESS. The general business of the limited partnership shall be activities related or incidental to the development and ownership of a real estate. The specific character of the limited partnership shall be as is set forth in the partnership agreement between the partners within the limited partnership, as such Agreement may be revised or restated from time to time.

PREPARED BY:
John P. White, Esq.
White & McClure, P.A.
5121 Castello Drive, Suite 2
Naples, FL 34103
(941) 649-7777
Florida Bar No: 170000

Fax Audit No.: H96000013491

6. <u>COMMENCEMENT OF LIMITED PARTNERSHIP</u>. The limited partnership shall be formed and commence business at the time of the filing of this Certificate with the Secretary of State.

Dated this 24th day of September, 1996.

Witnesses:

**GENERAL PARTNER** 

PORT BOUGAIN, INC

John P. White, President

LIMITED PARTNER

AMERICAP CORPORATION

President

STATE OF FLORIDA COUNTY OF FLORIDA

The foregoing instrument was acknowledged before me this 24th day of September, 1996 by John P. White, President of Port Bougain, Inc., a Florida corporation, on behalf of the corporation. He is personally known to me or has produced corporation (type of identification) as identification.

My Cama Exp. 11/20/99

POTARY

POTARY

No. CC510795

No. CC510795

Notary Public Defora H. Bondi (spell name)

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this 24th day of September, 1996

Cert. No:

Fax Audit No.: H96000013491

by John P. White, President of American Corporation, a Fiorida corporation, on behalf of the corporation. He is personally known to me or has produced corporation (type of identification) as identification.

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Notary Public Boyld (spell name)
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## AFFIDAVIT OF CONTRIBUTION

STATE OF FLORIDA
COUNTY OF FLORIDA

PORT BOUGAIN, INC., the General Partner of PORT BOUGAIN, LTD., does hereby swear and affirm that for the purposes of §620.108, Fia. Stat., the following information is true and correct:

- 1. The name of the limited partnership is "PORT BOUGAIN, LTD." and its principal address is 5121 Castello Drive, Suite 2, Naples, Fiorida 34103.
- 2. The Partnership has filed its Certificate of Limited Partnership with the Department of State, State of Florida.
- 3. The name of the officers of the General Partner authorized to sign documents relating to the real property owned by the Limited Partnership is John P. White, President, and John P. White, Secretary of PORT BOUGAIN, INC.
- 4. The amount of the capital contributions of the Limited Partners to date is \$500,00 and the amount anticipated to be contributed by the Limited Partners is \$8,000.00

Signed this 24th day of September, 1996

Witnesses:

GENERAL PARTNER PORT BOUGAIN, INC

John P. White, President

STATE OF FLORIDA

COUNTY OF FLORIDA

The foregoing insurument was acknowledged before me this 24th day of September, 1996 by John P. White, President of Port Bougain, inc., a Florida corporation, on behalf of the

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corporation. He is personally known to me or has produced corporation (type of identification) as identification and did (did not) take an oath.

My Comm Rxp. 11/20/99

My Comm Rxp. 11/20/99

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No. CC510795

Notary Public Brandi Spell name) Cert. No:

## CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above Limited Parmership at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 6620.192 Florida Statutes.

Dated this 4 day of September, 1996.

ohn P. White

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