

SENT BY: (904)359-2000

112- 5-96 11:35AM :

FAL JACKSONVILLE-

2/ 6

A96000002218

41 12 05/9
AM

FLORIDA DIVISION OF CORPORATIONS

10:22

**PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET**

((H96000017059 2))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FOLEY & LARDNER

ACCT#: 072720000061

CONTACT: KAREN PETERSON

PHONE: (904)359-2000

FAX #: (904)359-8700

NAME: MAIDA INVESTMENTS LIMITED PARTNERSHIP

AUDIT NUMBER.....H96000017059

DOC TYPE.....FLORIDA LIMITED PARTNERSHIP

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$297.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>: M

A96-2218

| | |
|-------------------|----------------|
| Name/Availability | <i>CR 12-5</i> |
| Document Examiner | <i>CR</i> |
| Updater | <i>CR</i> |
| Updater/Verifier | <i>CR</i> |
| Acknowledgment | <i>CR</i> |
| W. P. Verifier | <i>CR</i> |

RECEIVED

95 DEC -5 PM 1:19

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -5 PM 2:08

Fax Audit No. H96000017059

**CERTIFICATE OF LIMITED PARTNERSHIP OF
MAIDA INVESTMENTS LIMITED PARTNERSHIP
A Florida Limited Partnership**

The undersigned general partner, desiring to form a limited partnership, pursuant to the Florida Revised Uniform Limited Partnership Act, Chapter 620, Florida Statutes, hereby states the following:

1. The name of the Partnership is Maida Investments Limited Partnership.
2. The address of the office of the Partnership is c/o Jerry W. Maida, M.D., 580 West Eighth Street, Suite 9015, Jacksonville, Florida 32209.
3. The name and address of the agent for service of process on the Partnership is Jerry W. Maida, M.D., 580 West Eighth Street, Suite 9015, Jacksonville, Florida 32209.
4. The name(s) and address(es) of the general partner(s) of the Partnership are as follows:

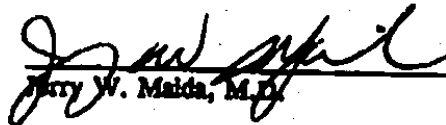
Jerry W. Maida, M.D.
590 West Eighth Street, Suite 9015
Jacksonville, FL 32209

5. The mailing address of the Partnership is c/o Jerry W. Maida, M.D. 580 West Eighth Street, Suite 9015, Jacksonville, Florida 32209.

6. The latest date upon which the Partnership shall dissolve is December 31, 2040.

The date of formation of the Partnership shall be the later of December 4, 1996 or filing of this Certificate with the Florida Department of State.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by a general partner of the Partnership this 4 day of Dec, 1996.


Jerry W. Maida, M.D.

Prepared by: Linda Y. Kalen, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

Fax Audit No. H96000017059

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -5 PM 2:08

Fax Audit No. H96000017039

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for Maida Investments Limited Partnership, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, Jerry W. Maida, M.D., on behalf of the Partnership, hereby agree to accept service of process for said Partnership and to comply with any and all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENTBy: 

Jerry W. Maida, M.D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC -5 PM 2:08

Fax Audit No. H96000017039

STATE OF FLORIDA)

COUNTY OF DUVAL)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

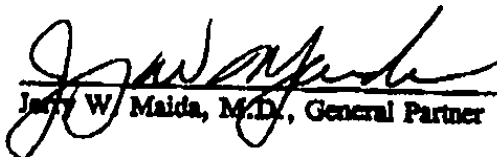
BEFORE ME, the undersigned authority, personally appeared Jerry W. Maida, M.D., the general partner of Maida Investments Limited Partnership, a Florida limited partnership (the "Partnership"), who, being by me duly sworn, certified as follows:

1. There have been no capital contributions made by limited partners as of the date hereof.
2. Capital contributions of \$30,000 are anticipated to be made by the limited partners of the Partnership.

FURTHER AFFIANT SAYETH NOT.

The execution of this Affidavit by the undersigned constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 4 day of DECEMBER, 1996.


Jerry W. Maida, M.D., General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -5 PM 2:08

Fax Andk No. H96000017039

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 4 day of DECEMBER, 1996, by Jerry W. Maida, M.D. Such person did not take an oath and: (notary must check applicable box)

- ☒ is/are personally known to me.
- ☐ produced a current Florida driver's license as identification.
- ☐ produced _____ as identification.

(Notary Seal must be affixed)

Jaqueline Friedman
Signature of Notary

JACQUELINE FRIEDMAN
Notary Public, State of Florida

Name of My Comp. Expires Feb 7, 2000 (print)
Comm. No. CO 530876

Commission Number (if not legible on seal): _____

My Commission Expires (if not legible on seal): _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -5 PM 2:08