

**A97000002347**

Requestor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Tallahassee FL Phone # \_\_\_\_\_

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 -10/31/97--01061--008  
 \*\*\*1855.00 \*\*\*1855.00  
 Office Use Only

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

1. Grove Shopping Partners, LTD.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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 DIVISION OF CORPORATIONS  
 97 OCT 29 AM 11:18

- ☒ Walk in    ☐ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☒ Stamped Photocopy    ☒ Certificate of Status

need 2

| 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 checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

C. FAX \_\_\_\_\_  
 FILING \_\_\_\_\_  
 R. AGENT FEE 17.50.00  
 C. COPY 25.00  
 TOTAL 70.00  
 N. BANK 18.55.00  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

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

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**GROVE SHOPPING PARTNERS, LTD.**

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The undersigned General Partner hereby forms a limited partnership pursuant to and in accordance with the Florida Revised Uniform Limited Partnership Act (Florida Statutes Section 620.101, et. seq.) as follows:

1. Name.

The name of the limited partnership (the "Partnership") is GROVE SHOPPING PARTNERS, LTD.

2. Registered Office.

The registered office of the Partnership in the State of Florida is 6400 North Andrews Avenue, 5<sup>th</sup> Floor, Fort Lauderdale, Florida 33309.

3. Registered Agent.

The name and address of the registered agent of the Partnership for service of process on the Partnership in the State of Florida is Bryan W. Duke, Esq., 6400 North Andrews Avenue, 5<sup>th</sup> Floor, Fort Lauderdale, Florida 33309.

4. General Partner.

The name and business address of the General Partner is as follows:

Stiles Grove, Inc. (P97000033410)  
6400 North Avenues Avenue  
Fort Lauderdale, FL 33309

5. Mailing Address.

The mailing address of the Partnership is 6400 North Andrews Avenue, 5<sup>th</sup> Floor, Fort Lauderdale, Florida 33309.

6. Dissolution.

The latest date upon which the Partnership will dissolve is December 31, 2019.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership as of the 28<sup>th</sup> day of October, 1997.

GENERAL PARTNER:

STILES GROVE, INC.

By: 

Name: Bryan Duke

Title: VICE President

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**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND REGISTERED OFFICE**

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In compliance with Florida Statutes Section 620.192, the following is submitted:

GROVE SHOPPING PARTNERS, LTD., desiring to organize as a limited partnership under the laws of the State of Florida, has designated 6400 North Andrews Avenue, 5<sup>th</sup> Floor, Fort Lauderdale, Florida 33309, as its initial Registered Office and has named Bryan W. Duke, Esq., located at said address as its initial Registered Agent.

STILES GROVE, INC

By: 

Name: Bryan Duke

Title: Vice President

Having been named Registered Agent for the above stated limited partnership, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to comply with the provisions of Florida Statutes Section 620.192 relative to keeping open said office.

By: 

Bryan W. Duke, Esq.  
Registered Agent

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared Bryan Duke,  
Vice President of STILES GROVE, INC., a Florida corporation, constituting the sole  
general partner of GROVE SHOPPING PARTNERS, LTD., a Florida limited partnership,  
hereinafter referred to as the "Partnership," who, upon being sworn, certified as follows:

1. The actual amount of capital contributions of the limited partners is  
\$608,620.00.
2. The total anticipated amount of the capital contributions of the limited  
partners is \$1,000,000.00.

This 28th of October, 1997.

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:

STILES GROVE, INC.

By: 

Name: Bryan Duke

Title: Vice President

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