

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 100 Tallahassee, Florida 32302
 (850) 224-8870 • Fax (850) 224-8872

A97000002724

140

COP, LTD.

000002372570--8
 -12/16/97--01001--024
 *****420.00 *****140.00

LP. 87.50
 CERT 52.50

BK 12/16/97

Signature

Requested by AS Date 12/15 Time 9:17

Name _____

Walk-In _____ Will Pick Up _____

- ___ Art of Inc. File
- ☒ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ☒ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

FILED
 97 DEC 16 AM 8:46
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 DIVISION OF CORPORATION

RECEIVED
 97 DEC 15 AM 10:06

BK

12/16/97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 16, 1997

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: C O P, LTD.
Ref. Number: W97000027992

FILED
97 DEC 16 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for C O P, LTD. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the LATEST DATE OF DISSOLUTION in Item 6.

☒ The SIGNATURE blocks indicate the general partner is TCP, INC. Please correct this.

ALSO, we cannot accept UNKNOWN as the total anticipated contribution amount on the AFFIDAVIT. We must have a definite money amount. This amount will determine the filing fee the partnership will have to pay, and it will determine when the partnership will be required to file a SUPPLEMENTAL AFFIDAVIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 697A00059004

RECEIVED
97 DEC 16 PM 3:08

Corrected

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a Limited Partnership pursuant to the laws of the State of Florida, certify as follows:

1. NAME OF LIMITED PARTNERSHIP. The name of the Limited Partnership is **COF, LTD.**

2. OFFICE FOR MAINTENANCE OF BUSINESS RECORDS. The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is **735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

3. AGENT FOR SERVICE OF PROCESS. The name and address of the Limited Partnership's agent for service of process in Florida is **RANDY HAISFIELD, 735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

4. GENERAL PARTNERS. The name and business address of the General Partner in the Limited Partnership is **SE FLORIDA PROPERTIES, INC.**, a Florida corporation, 735 Colorado Avenue, Suite 6, Stuart, Florida 34994.

5. ADDRESS OF PARTNERSHIP. The mailing address of the Limited Partnership is **735 Colorado Avenue, Suite 6, Stuart, Florida 34994.**

6. DATE OF DISSOLUTION. The latest date in which the Limited Partnership is to dissolve is **December 15, 2028.**

7. EFFECTIVE DATE. This certificate will become effective, and the Limited Partnership will be formed, upon filing with the Secretary of State.

Dated this _____ day of December, 1997, at Stuart, Florida.

General Partner: **SE FLORIDA PROPERTIES, INC.**

By: 

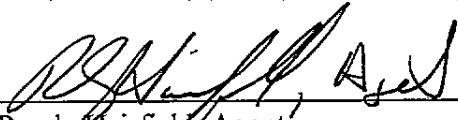
Randy Haisfield, President

FILED
97 DEC 16 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCEPTANCE OF AGENT FOR SERVICE OF PROCESS

Having been named to accept service of process for the above-stated Limited Partnership, **C O P, LTD.**, I hereby agree to act in that capacity and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated this 12th day of December, 1997.



Randy Haisfield, Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who is the President of SE FLORIDA PROPERTIES, INC., a Florida corporation, the sole general partner of C O P, LTD., (the "Partnership"), declares that the capital contributions of all the Limited Partners in the Partnership are as follows:

The original Limited Partners have made a capital contribution in the following amounts:

<u>Name of Limited Partner</u>	<u>Amount of Contribution</u>
RANDY HAISFIELD	\$500.00
TAMARA HAISFIELD	\$500.00
LISA HAISFIELD	\$500.00
MARC HAISFIELD	\$500.00

No additional limited partner contributions are presently anticipated.

Dated this 12th day of December, 1997, at Stuart, Florida.

General Partner: SE FLORIDA PROPERTIES, INC.

BY: [Signature]
Randy Haisfield, President

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 12th day of Dec., 1997, by RANDY HAISFIELD, who is personally known to me or who has produced (type of identification) _____, and who did/did not take an oath.

(SEAL/STAMP)



KACY P. DEL BENE
COMMISSION # CC 699941
EXPIRES DEC 2, 2001
BONDED THRU
ATLANTIC BONDING CO., INC.

NOTARY PUBLIC

Print name of Notary Public:
Commission Expiration Date:
Commission Number:

FILED
97 DEC 16 AM 8:46
TALLAHASSEE
SECRETARY OF STATE
FLORIDA