

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 100, Tallahassee, Florida 32302
(850) 224-8870 • Fax (850) 224-2222

A97000002725 ¹⁴⁰

HIS, LTD

700002372567--7
-12/16/97--01001--024
****420.00 ****140.00

- ☐ 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

RECEIVED
97 DEC 15 AM 10:06
DIVISION OF CORPORATIONS

LP 87.50
CERT 52.50

Signature _____

Requested by: AS 12/15 9:15
Name Date Time

Walk-In _____ Will Pick Up _____

BSK

12/16/97



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 16, 1997

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: HIS, LTD.
Ref. Number: W97000027988

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

We have received your document for HIS, 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):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

PLEASE list the LATEST DATE OF DISSOLUTION in Item 6 on the CERTIFICATE.

✓ ALSO, the SIGNATURE blocks throughout the document list the general partner as "TCP, INC." Please correct this.

ALSO, we cannot accept "UNKNOWN" as the total anticipated contribution amount on the AFFIDAVIT. A definite money amount must be stated. The partnership will be required to file a SUPPLEMENTAL AFFIDAVIT when the actual contribution amount exceeds this amount.

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: 197A00059000

Corrected

RECEIVED
97 DEC 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

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

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 HUGHINSON ISLAND SHOPPES, 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 12th day of December, 1997, at Stuart, Florida.

General Partner: SE FLORIDA PROPERTIES, INC.

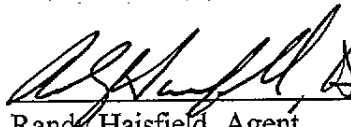
By: Randy Haisfield

Randy Haisfield, President

ACCEPTANCE OF AGENT FOR SERVICE OF PROCESS

Having been named to accept service of process for the above-stated Limited Partnership, HUTCHINSON ISLAND SHOPPES, 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

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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who is the President of SE FLORIDA PROPERTIES, INC., a Florida corporation, the sole general partner of HUTCHINSON ISLAND SHOPPES, LTD. 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 _____ day of December, 1997, at Stuart, Florida.

General Partner: SE FLORIDA PROPERTIES, INC.

BY: _____

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)



NOTARY PUBLIC

Print name of Notary Public:

Commission Expiration Date:

Commission Number:

