

# A98000001459

Value Funds, Inc.

Requestor's Name

14255 U.S. Hwy. One, Ste 230

Address

Juno Beach, FL 33408

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 700002533947-7  
-05/22/98-01113-002  
\*\*\*1785.00 \*\*\*1785.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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

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

Name	_____
Availability	_____
Document	_____
Examiner	_____
Updater	_____
Updater	_____
Verifier	_____
Acknowledgement	_____
W. P. Verifier	_____

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DIVISION OF CORPORATIONS  
98 JUN 12 AM 8:56

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

May 26, 1998

VALUE FUNDS, INC.  
14255 U.S. HWY. ONE, STE 230  
JUNO BEACH, FL 33408

SUBJECT: PRINCIPAL INCOME FUND, LTD.  
Ref. Number: W98000011882

We have received your document for PRINCIPAL INCOME FUND, LTD. and your check(s) totaling \$1785.00. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 798A00029234

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# CERTIFICATE OF LIMITED PARTNERSHIP

1. PRINCIPAL INCOME FUND, LTD.  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 14255 US HIGHWAY ONE, SUITE 230, JUNO BEACH, FL 33408  
(Business address of Limited Partnership)
3. TONY NAPOLETANO  
(Name of Registered Agent for Service of Process)
4. 14255 US HIGHWAY ONE, SUITE 230 JUNO BEACH, FL 33408  
(Florida street address for Registered Agent)
5. TJN  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 14255 US HIGHWAY ONE, SUITE 230 JUNO BEACH, FL 33408  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: PERPETUAL
8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

PRINCIPAL PARTNERS, INC. 14255 US HIGHWAY ONE, SUITE 230  
JUNO BEACH, FL 33408

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 15<sup>th</sup> day of MAY, 19 98

Signature of all general partners:

TJN  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of \_\_\_\_\_  
PRINCIPAL INCOME FUND, LTD.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 0

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 50,000,000

Signed this 15<sup>TH</sup> day of May, 19 98

FURTHER AFFIANT SAYETH NOT.

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.*

PRINCIPAL PARTNERS INC, PRESIDENT

[Signature]  
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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