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FILING COVER SHEET

REFERENCE:

DATE:

CONTACT:

FROM:

TELEPHONE:

SUBJECT:

0171.3092

6-30-98

CINDY HICKS

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

222-1173

Newport Partners KKKVIII, Ltd

STATE FEES PREPAID WITH CHECK # 0086 FOR \$ 1,785.00

PLEASE FILE:

() ARTICLES OF INC.

() AMENDMENT

() DISSOLUTION

() ANNUAL REPORT

() MERGER

() WITHDRAWAL

() QUALIFICATION

(X) LIMITED PARTNERSHIP () ANNUAL REPORT

() FICTITIOUS NAME

() LIMITED LIABILITY

() REINSTATEMENT

() TRADEMARK/SERVICE

() UCC-1

() UCC-3

PROVIDE US WITH:

() CERTIFIED COPY

() CERTIFICATE OF STATUS

(X) STAMPED COPY

Examiner's Initials

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 28 AM 11:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 30 PM 11:51

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 30 PM 11:51
AM 10:16

CERTIFICATE OF LIMITED PARTNERSHIP
OF
NEWPORT PARTNERS XXXVIII, LTD.

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.186 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is Newport Partners XXXVIII, Ltd.
2. The address of the office of the Partnership as referred to in Section 620.105, Florida Statutes, is 300 International Parkway, Suite 270, Heathrow, Florida 32746.
3. The name of the agent for service of process on the Partnership shall be Peter S. Cahall, 300 International Parkway, Suite 270, Heathrow, Florida 32746.
4. The name and business address of the General Partner are:

Name

Address

Newport Partners, Inc.

300 International Parkway
Suite 270
Heathrow, Florida 32746

V35049

5. The mailing address for the Partnership is 300 International Parkway, Suite 270, Heathrow, Florida 32746.
6. The latest date upon which the Partnership shall dissolve is December 31, 2043.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

This Certificate of Limited Partnership was executed by the General Partner this 25 day of June, 1998.

GENERAL PARTNER

NEWPORT PARTNERS, INC., a Florida corporation

By: _____

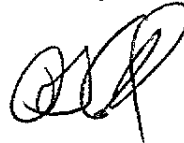
Peter S. Cahall, President

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT



Peter S. Cahall

Date: June 25, 1998

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STATE OF FLORIDA

COUNTY OF SEMINOLE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared PETER S. CAHALL, President of NEWPORT PARTNERS, INC., the sole general partner of NEWPORT PARTNERS XXXVIII, LTD., a Florida limited partnership (the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$1,348,875.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.

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

NEWPORT PARTNERS, INC.

Date: June 25, 1998

By: [Signature]
Peter S. Cahall, President

Sworn to and subscribed before me this 25 day of June, 1998, by PETER S. CAHALL, President of NEWPORT PARTNERS, INC., as General Partner on behalf of NEWPORT PARTNERS XXXVIII, LTD., a Florida limited partnership. He (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____

[Signature]
Print Name: Bonnie L. Pratte
Notary Public - State of Florida
Commission No.: _____
My Commission Expires: _____



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 25 1998
TALLAHASSEE, FLORIDA