

**A9800000 1906**

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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\*\*\*1487.50 \*\*\*1487.50

☒ Walk in

☐ Pick up time

ASAP

☐ 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                                 |

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG 10 PM 2:30

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input type="checkbox"/>            | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

NYK  
8/10/98

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
LAKE AREA OF KEYSTONE HEIGHTS, LTD.

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The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620 of the Florida Statutes, hereby states the following:

1. (a) The name of the limited partnership is "LAKE AREA OF KEYSTONE HEIGHTS, LTD.".

2. The address of the office of the limited partnership is:

c/o Shey Associates, Inc.  
6110 N. W. 1st Place  
Gainesville, Florida 32607

3. The registered office pursuant to Florida Statutes §602.192, and the name and address of the agent for service of process required to be maintained by Florida Statutes §620.105 and §620.192 is:

Laura B. Shey  
6110 N. W. 1st Place  
Gainesville, Florida 32607

4. The name and address of the general partner is:

Shey Associates, Inc.  
6110 N. W. 1st Place  
Gainesville, Florida 32607

346029

5. The mailing address for the limited partnership is:

c/o Shey Associates, Inc.  
6110 N. W. 1st Place  
Gainesville, Florida 32607

6. The latest date upon which the limited partnership is to be dissolved is December 31, 2030.

The execution of this Certificate by the undersigned general partner constitutes an affirmation that the facts stated therein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of LAKE AREA OF KEYSTONE HEIGHTS, LTD. this 3/07 day of July, 1998.

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GENERAL PARTNER:

SHEY ASSOCIATES, INC., a Florida corporation

By: Laura B. Shey, Pres.  
Laura B. Shey, as President

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

Having been named as registered agent for LAKE AREA OF KEYSTONE HEIGHTS, LTD., a Florida limited partnership in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree to accept the obligations imposed upon me by Florida Statutes Section 610.192, and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

Laura B. Shey  
Laura B. Shey

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STATE OF FLORIDA                    )  
COUNTY OF ALACHUA                )

AFFIDAVIT OF CAPITAL CONTRIBUTION

BEFORE ME, this day, the undersigned officer, personally appeared LAURA B. SHEY, President of Shey Associates, Inc., a Florida corporation, as general partner of Lake Area of Keystone Heights, Ltd., a Florida limited partnership ("Partnership"), and who, being duly sworn, certified as follows:

1. The amount of capital contributions made to the Partnership by the limited partners, in the aggregate, is \$200,000.00.

2. The total amount anticipated to be contributed by the limited partners is as stated above.

FURTHER AFFIANT SAITH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to be the best of my knowledge and belief.

GENERAL PARTNERS:

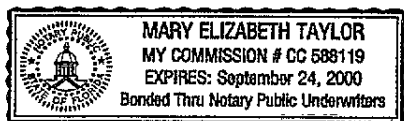
SHEY ASSOCIATES, INC.

By: Laura B. Shey, Pres.  
Laura B. Shey, President

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STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 31st  
day of July, 1998, by LAURA B. SHEY, President of SHEY  
ASSOCIATES, INC., a Florida corporation, as general partner of LAKE  
AREA OF KEYSTONE HEIGHTS, LTD., a Florida limited partnership.



Mary Elizabeth Taylor  
Notary Public, State of Florida at Large  
MARY ELIZABETH TAYLOR  
Print, Type or Stamp Commissioned Name  
of Notary Public

Personally known ✓ OR Produced Identification \_\_\_\_\_

Type of Identification Produced:   

(    ) Current Florida Driver's license

(    ) Other \_\_\_\_\_

My Commission Expires: 9/24/00