390 N. ORANGE AVENUE ____
SUITE 800 ___
P. O. BOX 2631
ORLANDO, FLORIDA 32802.

TELEPHONE (407) 425-3591 FACSIMILE

August 12, 1998 SENT VIA FEDERAL EXPRESS, AIRBILL NO. 1616122476

Secretary of State
State of Florida
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32301

600002616116---C

Re:

American Residences AG, a Swiss corporation

American Residences Limited Partnership No. 1, Ltd.

Dear Sir/Madam:

Pursuant to the qualification of the foreign corporation, American Residences AG, a Swiss corporation, enclosed are the following:

1. 2. 3.	Application by Foreign Corporation original Certificate of Existence - A check to cover the following:	9 VUG 1 P	SECRETARY ISION OF C	
	(a) filing fee	\$35.00	3	응 _다 .
	(b) certified copy	\$52.50	<u>.</u>	윷s
	(c) registered agent designation	<u>\$35,00</u>		
	TOTAL	<u>\$122,50</u>	7	

Simultaneously with the filing of the Application by Foreign Corporation for Authorization to Transact Business in Florida, enclosed for filing are the following partnership documents:

- 1. original Certificate of Limited Partnership Agreement of American Residences Limited Partnership No. 1., Ltd.;
- 2. Affidavit as required by Florida Statutes, §620.108; and
- 3. check to cover the following:

(a) filing fee	\$1750.00
(b) resident agent designation	\$ 35.00
(c) certified copy	<u>\$ 52.50</u>
TOTAL	<u>\$1837.50</u>

Please file the above enclosures and return to the undersigned the certified copies. Thank you for your prompt assistance. Please call me if you have any questions.

Very truly yours,

Cat L. Brower Legal Assistant to Bradley J. Davis Document
Examiner

Updater

Updater

Verifyer

Acknowledgemen

W. P. Verifyer

Availability

:cb Enclosures

CERTIFICATE

of

LIMITED PARTNERSHIP AGREEMENT

Λf

AMERICAN RESIDENCES LIMITED PARTNERSHIP NO. 1, LTD.

The undersigned, being of age and having capacity to contract, do hereby form this limited partnership in accordance with the provisions of Chapter 620, Part I, of the Florida Statutes, as of the 12+1 day of 1998.

ARTICLE I NAME

The name of this limited partnership shall be AMERICAN RESIDENCES LIMITED PARTNERSHIP NO. 1, LTD.

ARTICLE II CHARACTER OF BUSINESS

This limited partnership is being formed for the purpose of carrying on the business of ownership and operation of real property and for the performance of other acts necessary and reasonable to the accomplishment of the purposes for which the limited partnership is being formed.

ARTICLE III LOCATION OF PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF BUSINESS

The principal place of business and mailing address of the limited partnership shall be:

American Residence AG c/o Bradley J. Davis 390 N. Orange Avenue, Suite 800 Orlando, FL 32803

ARTICLE IV NAME OF RESIDENCE OF PARTNERS

The name and business address of the general partner of this limited partnership is:

American Residence AG
a Swiss corporation, authorized to do business in Florida
Metallstr. 9a
CH 6304 ZUG
FGG - 4644

98 AUG 14 AM 10: 17

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE V TERM OF EXISTENCE

This limited partnership shall terminate on December 31, 2048.

ARTICLE IX REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to Section 620.105, <u>Florida Statutes</u>, the office and the name and address of the agent for service of process is:

Harold L. Downing Suite 800, 390 N. Orange Avenue Orlando, Florida 32801

IN WITNESS WHEREOF, the General Partner has hereunto set its hand and seal as of the date first above written.

GENERAL PARTNER

AMERICAN RESIDENCE AG,

a Swiss corporation

Max Marti, Chairman/President

STATE OF FLORIDA COUNTY OF ORANGE

	strument was acknowledged this <u>/2</u> day of <u>Augus+</u> , resident of American Residences AG, a Swiss corpora	
	eck one] ≝is personally known to me, □ produced a dr	
license (issued by a state of the United produced other identification, to wit:	States within the last five (5) years) as identification,	or <u></u> 98
	Sank Ot Dane :	Aug I
	Print Name:	

	HAROLD L. DOWNING
A	MY COMMISSION # CC 621694
	EXPIRES: February 16, 2001
A STATE OF	Bonded Thru Notary Public Underwriters

Print Name:

Notary Public, State of Florida

Commission No.:

My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED hereby accepts the office of registered agent and confirms that he is familiar with the obligations of that position as set forth in Chapter 620.192, <u>Florida Statutes</u> (1991).

HAROLD L. DOWNI

Registered Agent

OR ALC II. AMIN: IT

AFFIDAVIT AMERICAN RESIDENCES LIMITED PARTNERSHIP NO. 1, LTD.

STATE OF FLORIDA COUNTY OF ORANGE

THIS DAY BEFORE ME, the undersigned authority, duly authorized to take oaths and acknowledgments, personally appeared Max Marti ("Affiant"), who after being duly sworn, deposes and states as follows:

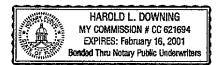
- 1. The Affiant is over the age of eighteen (18) years of age and makes this Affidavit on personal knowledge.
- 2. The Affiant, being the sole General Partner of American Residences Limited Partnership No. 1, Ltd., a Florida limited partnership, files this Affidavit pursuant to Section 620.108, Florida Statutes:
 - a. The amount of the capital contribution of the limited partners is \$260,000.00.
 - b. No additional capital contributions by the limited partners is anticipated.

SOLE GENERAL PARTNER:

AMERICAN RESIDENCE AG
a Swiss corporation, authorized to transact
business in Florida

By: Max Marti, Chairman/President

S	worn	to and subscribed	befor	e me tl	nis <i>[2⁻⁴¹</i> da	iy of <i>Aug</i> i	45±1998, by M	Iax Mai	rti, wl	ho
is the Ch	airma	n/President of An	nericai	ı Resid	lences AG, a	Swiss con	poration. Said	person	did n	ıot
		id [check one] \square is								
to me, □	l prod	uced a driver's lice	ense (i	ssued l	by a state of t	he United	States within t	the last	five (5)
years)	as	identification,	or	\square	produced	other	identification	, to	W	it:
			·	A	ffiant did tak	e an oath.			_	0
							_	•	98	¥.



Daylot)	٠.		SECRE
Print Name:	1		- 유로 - 유로
Notary Public, State of Fl	lorida		
Commission No.:			œs:
My Commission Expires	•): 7	ATION
,		7	SNO