A980000002113

FILING COVER SHEET

| REFERENCE: | 0/7/. 3828 | |
|--------------------------------------|---------------------------|---|
| DATE: | 9-14-98 | 0 |
| CONTACT: | CINDY HICKS | 98 SE ONE |
| FROM: | CORPORATE & CRIMINAL | RESEARCH SERVICES = 955 |
| | 103 N. MERIDIAN STREET | F ST |
| | TALLAHASSEE, FL 32301 | |
| TELEPHONE: | 222-1173 | |
| SUBJECT: | 1 Pewport Hart | ners KL, Ltd. |
| | | (A) |
| STATE FEES PREPAID WI | тн снеск # <i>_86</i> г | OR\$ 1,837.50 |
| PLEASE FILE: | | 6000026380562 -09/14/9801040007 ***1837.50 ***1837.50 |
| () ARTICLES OF INC. | () AMENDMENT (|) DISSOLUTION |
| () ANNUAL REPORT | () MERGER (|) WITHDRAWAL |
| () QUALIFICATION | LIMITED PARTNERSHIP (|) ANNUAL REPORT |
| () FICTITIOUS NAME | ()LIMITED LIABILITY (|) REINSTATEMENT |
| () TRADEMARK/SERVICE | () UCC-1 |) UCC-3 |
| PROVIDE US WITH: (V) CERTIFIED COPY | () CERTIFICATE OF STATUS | () STAMPED COPY |

<u>CERTIFICATE OF LIMITED PARTNERSHIP</u> <u>OF</u> <u>NEWPORT PARTNERS XL, LTD.</u>

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 XL, 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:

<u>Name</u>

Address

Newport Partners, Inc.

1/35049

300 International Parkway

Suite 270

Heathrow, Florida 32746

- 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.

GENERAL PARTNER

NEWPORT PARTNERS, INC., a Florida corporation

Peter S. Cahall, President

By:_

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: September 9, 1998

G:\TAX\AHD\NEWPORT.DIR\newpor40-clp.wpd

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 XL, 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 \$326,700.00.
- 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

Print Name: Conce Notary Public - State of Florida Commission No.: My Commission Expires:

| • | NEWPORT | NEWPORT PARTNERS, INC. | |
|---|----------------------------|--|--|
| Date: September <u>4</u> , 1998 | Ву: | Mal - | |
| | Peter S. Cahall, President | | |
| | , | | |
| | | day of September, 1998, by PETER S. General Partner on behalf of NEWPORT | |
| | | (check one) Tis personally known to me, | |
| ☐ produced a driver's license (issued b identification, or ☐ produced other identification) | • | ed States within the last five (5) years) as | |
| | harri | | |

