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[0] E. [uestor's Name $\frac{Colleg - Acc.}{Address}$ $\frac{Colleg - Acc.}{Address}$	Office Use Only	DIVISION 98 OC
1	NAME(S) & DOCUMENT NU	MBER(S), (if known):	PM 1: 00/
4		Document #)	7/9801025015 120:00 ****140.00
	Pick up time Will wait Photocopy	Certificate of Status	98 OCT -7 PM
NEW FILINGS Profit NonProfit Limited Liability Domestication	AMIENDMENTS Amendment Resignation of R.A., Officer/Di Change of Registered Agent Dissolution/Withdrawal	rector	ent to
Other Other OTHER#FILINGS: Annual Report	Merger REGISTRATION/		9300T-J MID: 8
Fictitious Name Name Reservation	Limited Partnership Reinstatement Trademark Other	191-	
		Examiner's Initials	<u>к</u> х.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 7, 1998

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DAN MORRISSEY GREENBERG/TRAURIG TALLAHASSEE, FL

SUBJECT: DEFT II, LTD. Ref. Number: W98000022814

We have received your document for DEFT II, LTD. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$140.00 payment.

Before this partnership can be filed, the general partner will have to complete its registration.

Since the general partner will not be using the name DEFT COMPANY, L.C., please correct all references to the general partner in these documents.

Please return your document, along with a copy of this letter, within 60 days or \sim your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 598A00049884

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CERTIFICATE OF LIMITED PARTNERSHIP OF DEFT II, LTD.

THE UNDERSIGNED, constituting the general partner of DEFT II, LTD., (the "Partnership"), does hereby submit the following information in accordance with the Florida Revised Limited Partnership:

1. <u>Name</u>. The name of the Partnership shall be **DEFT II**, LTD.

2. <u>Registered Agent</u>. The initial registered office of the Partnership in the State of Florida is 3936 S. Semoran Blvd., Suite 1508, Orlando, Florida 32822. The name of the initial registered agent is the Robert DeHarder at the above address.

3. General Partner. The name and address of the general partner of the Partnership is:

Deft L.C. 3936 S. Semoran Blvd., Suite 1508 Orlando, Florida 32822 VISUUU 63

4. **Partnership Address.** The office and mailing address for the Partnership shall be 3936 S. Semoran Blvd., Suite 1508, Orlando, Florida 32822.

5. <u>Dissolution</u>. The latest date upon which the Partnership will dissolve is December 31, 2048.

IN WITNESS WHEREOF, the undersigned does hereby execute this Certificate of Limited Partnership and attach hereto an Affidavit of Capital Contributions declaring the amount of the capital contribution of the limited partners and the anticipated amount to be contributed by the limited partners.

Deft	, L.C.
	mited liability company,
as general	partner
N.	N
14	

PM 4:

By: Robert DeHarder Title: Manager

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, general partner of **DEFT II**, LTD., a Florida limited partnership (the "Partnership"), did hereby swear and certify as follows:

1. The amount of capital contributions of the limited partners is \$ zero.

2. The anticipated amount of the capital contributions of the limited partners will be \$ 100.

Dated this $\underline{0^{\prime}}$ day of October, 1998

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.

Deft	, L.C.
	a limited liability company,
as gene	and partner
·	
By:	Robert DeHarder
Title:	Manager

STATE OF FLORIDA COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this $\int p^{4/2} day$ of October, 1998, by Robert DeHarder, as Manager of Deft , L.C., a Florida limited liability company, the general partner of the above-referenced Partnership, who is personally known to me or has produced ______

TURTON TA

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MICHELE JANE TURTON My Commission CC441164 Expires Feb. 22, 1999 Bonded by HAI 800-422, 1555

Print name: ____ HICHELE Notary Public, State of PLOLIDA Commission Number: ______ My commission Expires: ______

ACCEPTANCE BY REGISTERED AGENT

THE UNDERSIGNED, as registered agent, appointed in accordance with the foregoing Certificate, does hereby accept such appointment, and does hereby state that it is familiar with and accepts the obligations imposed by Section 620.192 of the Florida Revised Uniform Limited Partnership Act (1986).

Print Name Robert DeHarder Its: Registered Agent



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