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Greenberg Training
Requestor's Name

101 E. College Ave.
Address

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City/State/Zip Phone #

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DIVISION OF CORPORATIONS
98 OCT -7 PM 4:14

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

1. _____
(Corporation Name) (Document #)

2. **DEFT III, LTD.**
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) **600002657476--8**
-10/07/98--01025--015
***420.00 ***140.00

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

W98000022815

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

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

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

Call when ready

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10/7/98

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
DEFT III, LTD.**

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THE UNDERSIGNED, constituting the general partner of **DEFT III, LTD.**, (the "Partnership"), does hereby submit the following information in accordance with the Florida Revised Limited Partnership Act (1986) to make public the information of the Partnership:

1. **Name.** The name of the Partnership shall be **DEFT III, LTD.**
2. **Registered Agent.** 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
L9800002163
4. **Partnership Address.** The office and mailing address for the Partnership shall be 3936 S. Semoran Blvd., Suite 1508, Orlando, Florida 32822.
5. **Dissolution.** 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.
a Florida limited liability company,
as general partner

By: *Robert DeHarder*
Title: Manager

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, general partner of **DEFT III, 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 6th 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 Florida limited liability company,
as general partner

By: Robert DeHarder
Title: Manager

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 6th 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 _____ as identification.



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

Michele Jane Turton
Print name: MICHELE JANE TURTON
Notary Public, State of FLORIDA
Commission Number: CC 441164
My commission Expires: 02/22/99

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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