

A9800000 2482

Contact: Dee Ovenden

Akerman, Senterfitt & Eidson, P.A.
(Requestor's Name)

216 South Monroe Street, Suite 200
(Address)

Tallahassee, Florida 32301 (850) 222-3471
(City, State, Zip) (Phone #)

OFFICE USE ONLY

200002677652-4
-11/02/98-01048-021
***140.00 ***140.00

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

1. TWIS INVESTMENTS, LTD (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV -2 PM 12:53

PLEASE FILE THE
ATTACHED AFFIDAVIT
AND CERTIFICATE OF
LIMITED PARTNERSHIP AND
STAMP COPY "FILED" -
THANKS,
DEE

3/K 11/2/98

Examiner's Initials

**AFFIDAVIT
AND
CERTIFICATE OF LIMITED PARTNERSHIP
OF
TWS INVESTMENTS, LTD.**

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The undersigned, desiring to form a limited partnership under the Florida Revised Uniform Limited Partnership Act of 1986, as set forth in Sections 620.101 to 620.192, Florida Statutes, as amended, hereby state the following as the **CERTIFICATE OF LIMITED PARTNERSHIP** and **AFFIDAVIT DECLARING AMOUNT OF CAPITAL CONTRIBUTIONS**.

1. The name of the Limited Partnership is **TWS INVESTMENTS, LTD.**, a Florida limited partnership (the "Partnership").

2. The registered office of the Partnership is located at c/o Stiles Corporation, 6400 North Andrews Avenue, Ft. Lauderdale, FL 33309-2114 which is the partnership's principal place of business and mailing address.

3. The name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, as amended, are:

Terry W. Stiles
c/o Stiles Corporation
6400 North Andrews Avenue
Ft. Lauderdale, FL 33309-2114

4. The name and business address of the sole general partner of the Partnership are:

TWS Investments, Inc.
c/o Stiles Corporation
6400 North Andrews Avenue
Ft. Lauderdale, FL 33309-2114

198000089367

5. The term of the Partnership shall commence with the filing of the Partnership's Certificate of Limited Partnership and shall continue until December 31, 2048, unless the Partnership is sooner dissolved in accordance with the provisions of its Agreement of Limited Partnership.

6. In accordance with Section 620.108, the undersigned hereby certify and declare under the penalties of perjury, that the Limited Partner has made the cash capital contribution to the Partnership set forth opposite his or her name below:

Terry W. Stiles

\$990

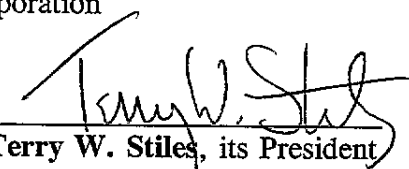
which is the total amount contributed and anticipated to be contributed by the Limited Partners at this time.

7. Except as specifically provided in the Agreement of Limited Partnership, no Partner shall be entitled to demand or receive the return of his original capital contribution.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership and Affidavit Declaring Amount of Capital Contribution this 21st day of October, 1998.

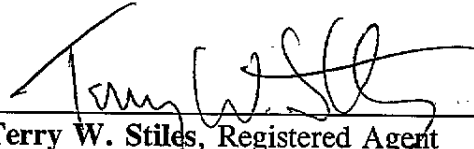
GENERAL PARTNER

TWS Investments, Inc., a Florida corporation

By: 

Terry W. Stiles, its President

I HEREBY CERTIFY that I am Terry W. Stiles and I hereby accept the foregoing designation of Resident Agent.


Terry W. Stiles, Registered Agent

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STATE OF FLORIDA)
) SS:
COUNTY OF BROWARD)

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I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by **Terry W. Stiles**, individually and as president of **TWS Investments, Inc.**, who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 21st day of OCTOBER, 1998.

Notary Public
State of Florida

Typed, printed or stamped name of Notary Public

My Commission Expires:

