A98000002482

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

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****140.00 ****140.00

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

1. TWS Investments, LTD
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

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(4)

☐ 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

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

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MK 11/2/98

Examiner's Initials	

CR2E031(10/92)

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

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 P98000089367
6400 North Andrews Avenue
Ft. Lauderdale, FL 33309-2114

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

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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)

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:

JEROME L. WOLF
MY COMMISSION # CC 721200
EXPIRES: March 3, 2002
Bonded Thru Notary Public Underwriters