

# A 98000002584

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

800002690368-4  
-11/18/98--01039--025  
\*\*\*1785.00 \*\*\*1785.00

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

1. BOP, Ltd.  
(Corporation Name) (Document #)
2. GP-Imar Real Estate Management, Inc - J88610  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)



Walk in



Pick up time

11/18



Certified Copy



Mail out



Will wait



Photocopy

*Stamped*



Certificate of Status

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 checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 18 PM 1:48

*hjk*

*11/18/98*

Examiner's Initials

RECEIVED  
98 NOV 18 AM 11:04

**AFFIDAVIT AND CERTIFICATE OF  
LIMITED PARTNERSHIP  
OF  
BOP INVESTORS, LTD.**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 NOV 18 PM 1:48

THIS CERTIFICATE is executed on November 17, 1998, with respect to BOP <sup>INVESTORS,</sup> LTD. ("the Partnership").

1. Name. The Partnership's name is BOP INVESTORS, LTD.
2. Partnership's Business. The Partnership's business is owning, developing, leasing, managing, and selling real estate, and all other related acts. The Partnership may also do all things not otherwise illegal under the laws of the State of Florida.
3. Registered Agent. The name and street address of the Partnership's registered agent is:

Sam D. Norton  
1819 Main Street, Suite 610  
Sarasota, FL 34236.

4. Specified Office. The street address of the office at which its records are kept is:

1241 Tree Bay Lane  
Sarasota, Florida 34242

The Partnership's mailing address is:

1241 Tree Bay Lane  
Sarasota, Florida 34242

5. Partners. The name and street address of the General Partner is:

IMAR REAL ESTATE MANAGEMENT, INC.  
1241 Tree Bay Lane  
Sarasota, Florida 34242

J88610

6. Dissolution. The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is December 31, 2048.

7. Capital Contributions. The amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is \$426,000.00.

IN WITNESS WHEREOF, the undersigned sole General Partner has signed and sealed this Certificate on the day and year first above written.

IMAR REAL ESTATE MANAGEMENT,  
INC., a Florida Corporation,

By: 

Sam D. Norton, as Vice President

STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 17th day of November, 1998, by SAM D. NORTON, Vice President of IMAR REAL ESTATE MANAGEMENT, INC., a Florida corporation, as a General Partner, who is (Notary choose one) [X] personally known to me, or [ ] who has produced \_\_\_\_\_ as identification.

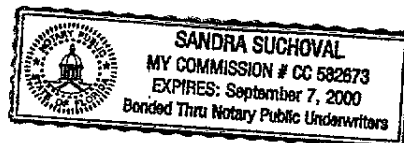


Signature of Notary Public

SANDRA SUCHOVAL

Printed name of Notary Public

My Commission expires:



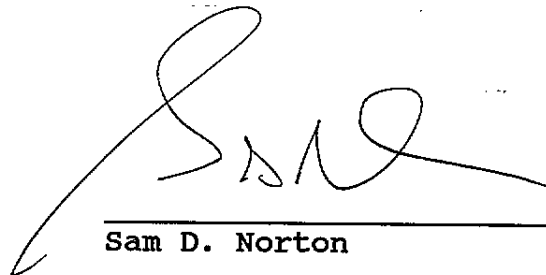
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**ACCEPTANCE OF APPOINTMENT  
OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process at the place designated in the forgoing document, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATE: November 17, 1998



Sam D. Norton