

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 100 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-6666 • Fax (850) 224-1212

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SLOP Associates, Ltd

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Signature

4/26/99

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☒ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

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**S/OP ASSOCIATES, LTD.
A FLORIDA LIMITED PARTNERSHIP
CERTIFICATE OF LIMITED PARTNERSHIP**

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The undersigned General Partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.101, et. seq. of the Florida Statutes, hereby states the following:

1. The name of the Partnership is S/OP Associates, Ltd.
2. The address of the office of the Partnership is 6400 North Andrews Avenue, Fort Lauderdale, Florida 33309.
3. The name and address of the agent for service of process on the Partnership is BRYAN W. DUKE, ESQUIRE, 6400 North Andrews Avenue, 5th Floor, Fort Lauderdale, Florida 33309.
4. The name and business address of the General Partner is as follows:

S/OP Associates, LLC
6400 North Andrews Avenue
Fort Lauderdale, Florida 33309

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5. The mailing address of the Partnership is 6400 North Andrews Avenue, Fort Lauderdale, Florida 33309.
6. The latest date upon which the Partnership shall dissolve is December 31, 2039.
7. The total anticipated Capital Contributions to be paid into the Partnership is and shall be THREE HUNDRED THOUSAND AND NO/100 (\$300,000.00) DOLLARS.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the
General Partner of S/OP Associates, Ltd. this 21st day of April, 1999.

General Partner:

S/OP Associates, LLC, a Florida limited liability
company, by Stiles Corporation, a Florida corporation,
its member

By: 

Bryan W. Duke,
Vice President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for S/OP Associates, Ltd., a Florida limited
partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the
Partnership, hereby agree to accept service of process for said Partnership and to comply with any and
all Statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

By: 

BRYAN W. DUKE

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of S/OP Associates, LLC, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$300,000.00. No further limited partner contributions are anticipated.

This 21st day of April, 1999.

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.

S/OP Associates, LLC, a Florida limited liability company, by Stiles Corporation, a Florida corporation, its member

By: 

Bryan W. Duke, Vice President

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