

Lisa Folis

A99-876

Requestor Name
P.O. BOX 3258

Address
Sarasota, FL 34230-3258
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known) **002886850-3**

-05/26/99-01040-005

***1837.50 ***1837.50

1. _____
(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

FILED
99 MAY 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A99-876

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document	<i>[Signature]</i>
Excluding	<i>[Signature]</i>
Update	<i>[Signature]</i>
Update for	<i>[Signature]</i>
Verification	<i>[Signature]</i>
Acknowledgement	<i>[Signature]</i>
W. P. Signifier	<i>[Signature]</i>

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP
OF
CAVA INVESTMENTS *Ltd.*

The undersigned general partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620, Part I, Florida Statutes, hereby states the following:

1. The name of the limited partnership (the "Partnership") is "Cava Investments *Ltd.*"
2. The mailing address and the address of the office of the Partnership are 181 Carica Road, Naples Florida 34108.
3. The name and address of the agent for service of process on the Partnership (the "Registered Agent") are Susan Barrett Hecker, Williams, Parker, Harrison, Dietz and Getzen, 200 South Orange, Avenue, Sarasota, Florida 34236.
4. The name and business address of the sole general partner are:

Cava Investments LLC
181 Carica Road
Naples, Florida 34108
L99-3128
5. The latest date upon which the Partnership shall dissolve is December 31, 2079.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the general partner of Cava Investments *Ltd.* by its Manager, this the 18 day of May, 1999. 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.

GENERAL PARTNER:

Colson Investments LLC

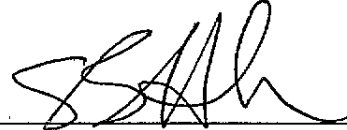
By: 

Myriam Colson Slaughter
As its Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for Cava Investments LLC, a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, the undersigned accepts appointment as Registered Agent of the Partnership and acknowledges that she is familiar with, and accepts, the obligations of that position.



Susan Barrett Hecker
Registered Agent

LAF-354782

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99 MAY 26 PM 5:00
SECRETARY OF STATE
ALABAMA, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared Myriam Colson, Slaughter as the Manager of Cava Investments LLC, a Florida limited liability company, which is the General Partner of Cava Investments ~~LLC~~, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon first being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership by the Limited Partners is \$1,500,000.

2. The amount of additional capital contributions anticipated to be contributed by the Limited Partners is \$-0-.

FURTHER AFFIANT SAYETH NAUGHT.

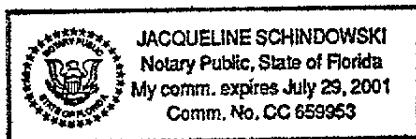
Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.




Myriam Colson Slaughter

SWORN TO AND SUBSCRIBED before me this 18th day of May, 1999 by Myriam Colson Slaughter, who is personally known to me or who has produced _____ as identification. If no type of identification is indicated, the above-named person is personally known to me.

(Notary Seal)





Signature of Notary Public
Jacqueline Schindowski
Print Name of Notary Public

I am a Notary Public of the State of Florida,
and my commission expires on

7-29-01

LAF-354781

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99 MAY 26 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA