

A99000000877
Lisa B. Williams, Parked, Harrison

Requestor's 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):

100002886861--9

-05/26/99--01040--008

1. _____ (Corporation Name) _____ (Document #) ***1837.50 ***1837.50
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	
	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

A99-877

Name	OK 6-2
Availability	
Document	
Examination	
Updater	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

Examiner's Initials

LIMITED LIABILITY COMPANY NAME CONSENT

BY

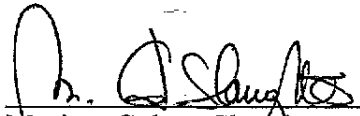
ST. ARMANDS CIRCLE INVESTMENTS, LLC

THIS CONSENT is executed this 18th day of May, 1999 by the Manager of **St. Armands Circle Investments, LLC**, a Florida limited liability company formed under the Florida Business Act on March 1, 1999 and assigned document number L99000001125 by the State of Florida (the "Company").

1. The Company consents to the use of "St. Armands Circle Investments, L.P." as the name under which St. Armands Circle Investments, L.P., a Florida limited partnership, will transact business in the State of Florida.

Both of the foregoing entities are owned by the same individuals, and have chosen similar names for business purposes.

Dated this 18th day of May, 1999.


Myriam Colson Slaughter
Manager

LAF-355026

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

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
ST. ARMANDS CIRCLE 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 "St. Armands Circle 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:

St. Armands Circle Investments, LLC
181 Carica Road
Naples, Florida 34108
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 St. Armands Circle Investments, Ltd. by its Manager, this the 18th 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:

St. Armands Circle Investments, LLC

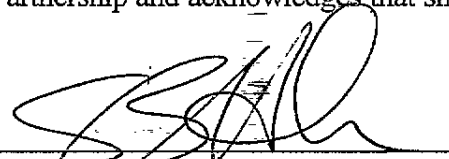
By: _____

Myriam Colson Slaughter
As its Manager

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

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for St. Armands Circle Investments, *Ltd.*, 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-354773

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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF SARASOTA

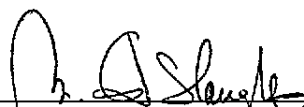
BEFORE ME, the undersigned authority, personally appeared Myriam Colson Slaughter, as the Manager of St. Armands Circle Investments, LLC, a Florida limited liability company, which is the General Partner of St. Armands Circle Investments, ~~LLC~~, a Florida limited partnership, hereinafter referred to 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 \$4,000,000.

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

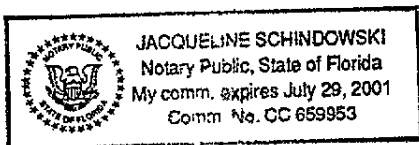
FURTHER AFFIANT SAYETH NAUGHT.

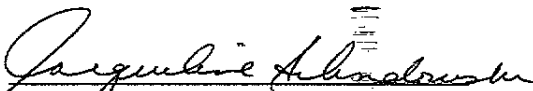
Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.


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-354775

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