B95000000216

FILED
95 JUN 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John B. Beaton, P.C. Attorney At Law
(Requestor's Name)
4425 Corporation Lane, #160
(Address)
Virginia Beach, VA 23462
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. Northern Investments, III, Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

500001502415
05/31/95 01697--001
***1260.00 ****210.00

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

CM

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

Examiner's Initials	

CR2E031(10/92)

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
95 JAN 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Northern Investments, III, L/P. Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Virginia (State of Formation)

4. March 2, 1995 (Date of Formation)

5. Donald P Dufresne, Esquire
(Name of Registered Agent for Service of Process)

6. 12788 Forest Hill Boulevard, Suite 2003
(Street Address of Registered Office)

West Palm Beach (City), Florida 33414 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

_____
(Agent must sign on this line)

8. 4425 Corporation Lane, Suite 190, Virginia Beach, VA 23462
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
Ramon E. Cates	Route 299, Box 19, New Paltz, NY
Marianna Cates	Route 299, Box 19, New Paltz, NY

10. 4425 Corporation Lane, Suite 190, Virginia Beach, VA 23462
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 4425 Corporation Lane, Suite 190, Virginia beach, VA 23462
(Mailing Address of Limited Partnership)

FILED
95 JUN 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This 1ST day of ~~April~~ MAY, 1995.

Ramon E Cates
General Partner

STATE OF NEW YORK

COUNTY OF ULSTER

THE FOREGOING instrument was acknowledged and sworn to before me this 1ST day of ~~April~~ MAY, 1995, by Ramon E. Cates (Name of General Partner) of

Northern Investments, III, L.P. Limited Partnership
(Name of Limited Partnership), A Virginia (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public
State of _____ at Large

(SEAL)

My Commission Expires:
DOUGLAS SCHUMAN
NOTARY PUBLIC, STATE OF NEW YORK
NO. 4692777
QUALIFIED IN ORANGE COUNTY
CERT. FILED IN ORANGE COUNTY
COMMISSION EXPIRES FEB. 28, 1996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Ramon E. Cates, a general partner of Northern Investments, III, Limited Partnership, a (an) Virginia, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 25,000.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 25,000.00.

This 1 ST. day of MAY, 1995

FILED
95 MAY 13 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FURTHER AFFIANT SAYETH NOT.

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

General Partner

Ramon E Cates

STATE OF NEW YORK
COUNTY OF ULSTER
DATE MAY 1, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared RAMON E. CATES (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknwledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 1 ST. day of MAY, 19 95.

Notary Public

Seal

State of

My Commission Expires:

DOUGLAS SCHUMAN
NOTARY PUBLIC, STATE OF NEW YORK
at Large777
QUALIFIED IN ORANGE COUNTY
CERT. FILED IN ORANGE COUNTY
COMMISSION EXPIRES FEB. 28, 1996

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 APR -8 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

1a. DOCUMENT # B95000000216

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
NORTHERN INVESTMENTS, III, LIMITED PARTNERSHIP

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Principal Office Address
4425 CORPORATION LANE, SUITE 190
VIRGINIA BEACH VA 23462

Mailing Address
4425 CORPORATION LANE, SUITE 190
VIRGINIA BEACH VA 23462

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA: 06/13/1995

3a. Date of Last Report

4. State or Country of Formation: VA

6. FEI Number: Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED — $8.75 Additional Fee required for a Certificate of Status

5a. Capital Contributions as Shown on Record: $25,000.00

5b. Amount of Capital Contributions in FLORIDA to date

8. FEES: 1) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
DUFRESNE, DONALD P ESQUIRE
12780 FOREST HILL BOULEVARD
SUITE 2003
WEST PALM BEACH FL 33414

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

000001782170
-047167%--01077--005
****313.75 ****313.75
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do Not Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CATES, RAMON E	ROUTE 299, BOX 19	NEW PALTZ NY	
CATES, MARIANNA	ROUTE 299, BOX 19	NEW PALTZ NY	

90ax dcc

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Ramon E Cates DATE 4/3/96

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003 (11/95)

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