

Document Number Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
9 OCT 26 PM 1:28

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Trilahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

400001625884

-11/02/95--01016--019

*****87.50 *****37.50

Riverwalk Investment + Improvement Partnership
A Nevada Limited Partnership

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fic. Name

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10-26

3pm

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TOTAL 87.50
N. BANK _____
BALANCE DUE _____
FEEING _____

1317
10/26/95

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

1. Riverwalk Investment & Improvement Partnership, Nevada 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. Nevada 4. October 6, 1995
(State of Formation) (Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation Florida 33324
(City) (Zip Code)

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

Naseem A. Conde
CT CORPORATION SYSTEM
(Officer must sign on this line)
NASEEM A. CONDE
SPECIAL ASST. SECRETARY
(Type Name and Title of Officer)

8. c/o The Corporation Trust Company of Nevada, One East First Street, Reno, NV 89501
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

SPECIFIC ADDRESS

Diversified Capital Corporation

7951 Wren Avenue, Suite A, Gilroy, CA 95020

10. 7951 Wren Avenue, Suite A, Gilroy, CA 95020
(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of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.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. 7951 Wren Avenue, Suite A, Gilroy, CA 95020
(Mailing Address of Limited Partnership)

This 9th day of October, 19 95.

General Partner, Diversified Capital Corporation
by: Brian D. Cunningham, President

STATE OF CALIFORNIA

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day of October, 19 95, by Brian D. Cunningham, President (Name of General Partner) of of Diversified Capital Corporation, General Partner

Riverwalk Investment & Improvement Partnership, a Nevada limited partnership

(Name of Limited Partnership), A nevada (State or Country) Limited Partnership, on behalf of the Limited Partnership.

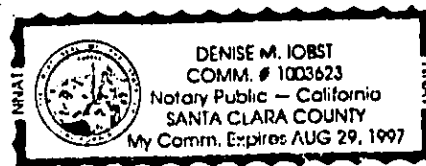
Denise M. Iobst
Notary Public

State of California at Large

My Commission Expires:

August 29, 1997

(SEAL)



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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

Brian D. Cunningham, President of
Diversified Capital Corporation

BEFORE ME, the undersigned, personally appeared Brian D. Cunningham, a
general partner of Riverwalk Investment & Improvement Partnership, a Nevada limited
Nevada partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000.00.

This 24th day of October, 1995

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.

[Signature]
General Partner

By: Brian D. Cunningham, President of
Diversified Capital Corporation, General Partner

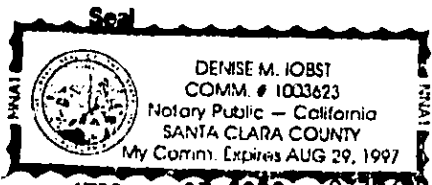
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STATE OF CALIFORNIA
COUNTY OF SANTA CLARA
DATE October 24, 1995

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 Brian D. Cunningham, Pres. of Diversified Capital Corporation (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of October, 1995.

[Signature]
Notary Public



State of California at Large
My Commission Expires: August 29, 1997

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

B9500000380

FILED

96 MAY -9 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(PRINTED WITHIN THIS SPACE)

1. Name of Limited Partnership

1a. DOCUMENT #
B9500000380

**RIVERWALK INVESTMENT & IMPROVEMENT PARTNERSHIP,
A NEVADA LIMITED PARTNERSHIP**

Mailing Address

7051 WREN AVENUE, SUITE A
GILROY CA 95020

Principal Office Address

C/O THE CORPORATION TRUST CO. OF NEVADA
ONE EAST FIRST STREET
RENO NV 89501

2. New Mailing Address, If Applicable

State, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

State, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in
FLORIDA
10/26/1995

3a. Date of Last Report

4. State or County of Formation

NV

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

5b. Amount of Capital Contributions in
FLORIDA to date

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

☐ \$5 Fee Additional Fee required
for a Certificate of Status

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 607.103, 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 the 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

State, Apt. #, etc.

City

FL

Zip Code

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

11b. City, State & Zip Code

11c. Registration/
Document Number

DIVERSIFIED CAPITAL CORPORAT

7051 WREN AVE., SUITE

GILROY CA 95020

852982

REINSTATEMENT

96

CR 59

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)(b), Florida Statutes. I release the Division of Corporations from any liability of damages with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the above report is true and correct 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, as owner or trustee, empowered to execute this statement as provided by chapter 620, Florida Statutes.

SIGNATURE

President Diversified Cap Corp
Brian D. Cunningham

DATE

2-12-96

Telephone Number

408-847-2000

Typed or Printed Name of General Partner Signing For