TOUDOO O455 SECTIVE R. **Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 EAST JEFFERSON STREET Address TALLAIASSEE 32301 222-1092 Chy State Zlp Phone **400001666364** -12/20/95--01018--014 \*\*\*\*\*87.50 \*\*\*\*\*87.50 CORPORATION(S) NAME 111 () Profit () NonProfit () Amendment () Merger [] Limited Liability Company () Foreign () Dissolution/Withdrawal () Mark Limited Partnership () Annual Report () Other Reinstatement () Reservation () Change of R.A. () Fictitious name Filing () Certified Copy () Photo Coples () CUS Call When Ready () Call If Problem () After 4:30 Walk In () Will Walt Pick Up () Mail Out Vame Avallabliky PLEASE RETURN EXTRA COPLES Document FILE STAMPED Examiner Updater J. IAA \_ Veriller FHLING Acknowledgment R. AGENT FEE. C. COPY \_\_\_ W.P. Veriller TOTAL \_\_\_ N. SANK CR2E031 (1-89) BALANCE DUE \_

REFINID ...

## Plantes Department of State, Jan Seattle, Secretary of State

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

1. Fetze (Name of	er/Country Pointe Limited imked perinership as it is	d Partnership  The home state;	•
e:			•
.(M name is	unavailable, name under s	which the limited part	nership proposes to register (tell
	1911/035 211 1011-0-1 1110-1 COI	Main the word "LIMITI	ED or LTD.
3. Michi			December 1, 1935
(\$	State of Formation)	· · · · · · · · · · · · · · · · · · ·	(Date of Formation)
	•		<b>9</b>
5	C	T CORPORATION SYST	EM
	(Name of Registered	Agent for Service of	Process)
6	c/o C T Corpora	tion System, 1200 Sout	h Pine Island Road
	(Street Address of	Registered Office)	
	<u>Plantation</u>	Florida	33324
	(City)	, 10100	(Zip Code)
7.Acceptant	ce by the Registered Agen	t for Conden of Denoe	•
		LICE SOLVICO OL PLOCO	• · · · · · · · · · · · · · · · · · · ·
	CT	CORPORATION SYSTEM	1
	A HAIN	& Stapla	d
	(Office	r must sign on this li	ne)
	Sharon L. Gahlau,	Asst. Vice Pres	ident
). 9292 tu		ame and Title of Off	icer)
(Address of	REST KL AVE KALAMAZOC	MI 49009	n or, if not required, Address of
rincipal Offic	<b>&gt;8.</b> )	orate of Formation	n or, a not required, Address of
. NAME OF	GENERAL PARTNERS		
	_		SPECIFIC ADDRESS
Fetzer	/Country Point Company		9292 West KL Avenue
	- (1010) (1010)	n <b>1</b>	Kalamazoo, MI 49009
	F950 000 0 Col	۷]	
9292	West KL Avenue, Kalamazo	PO, MI 49009	
(On	nce where ivallies, addies	ses and Contribution	s of Limited Partners are kept.)
I. The limitor	t nactoership Will Undoctor		listing the addresses and capital limited partnership's registration
9292 We	st KL Avenue, Kalamazoo,	.,,,,,,	·
	(Mailing Ad	dress of Limited Parti	nership)

This	7th day of December 19	95
	Fetzer/Country Point Company	SEC.
	By: Christine M. adam	95 DEC 14
STATE	Michigan	<b>74</b>
COUNT	TY OF Wayne	2: 39
THE FO	PREGOING instrument was acknowledged and swore the state of the state	m to before me this 7 th day  (Name of General Partner) of
hacile (	Fetzer/Country Pointe Limited Partners  Of Limited Partnership), AMichigan  Ship, on behalf of the Limited Partnership.	hip (State or Country) Limited
	Clauden Mana Bylicki	
	Notary Public	•
<b>10 5 1 1 1</b>	State of Michigan at Large	
(SEAL)	My Commission Expires:  February 12, 1997	

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Fetzer/Country Point Company, a general partner of Fetzer/Country Pointe Company Limited Partnership, a Michigan, limited partnership, hereluafter referred to as the "Partnership", who certifies as follows:

- The amount of capital contributions of the limited partners is \$99.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$50.00.

This 12th day of December, 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.

General Pariner

By: <u>Christina M. adams</u>
Its: Secretary

COUNTY OF KALAMAZED DATE 12-12-95

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 <u>CHRISTINA M. ADAINS</u> (General Partner, known to me and known 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 12 TH day of DECEMBER, 1995.

Notary Public

Seal

State of MICHIGAN at Large
My Commission Expires: 10-4-99

Wildld Petter offidevi

ANNE E GUIMOND NOTARY PUBLIC 5TATE OF MICHIGAN KALAMAZUU COUNTY MY COMMISSION EXP. OCT 4,1999

## FILE OIL ON REFORE DECEMBER 31, 1916 OR PARTHERS WILL BE SUBJECT TO REVOCATION AND 1800 PENALTY!

1	DIVISION	OF CORPORATIONS		FILED
1.• Name of Emission Partnorphip		IMENT#	9	6 JAN 29 FH 1: 42
Fetzer/Country Pointe Limited Partnership	B95000000455	संस्थान स्था की	S	ECRETABLES
rartnership			T∆	ECRETARY OF STATE LLAHASSEE, FLORIDA
	4	16-AR	]	1 11
Mainty Address		CM	2. New Making Address.	NOT WRITE IN THIS SPACE
9292 West KL Avenue	Principal Office Address		- Suite. Apt # elc	
Kalamazoo, MI 49009	9292 West KL	Avenue		
7 43009	Kalamazoo, Mi	49009	City State & Zip	3000170207 /31/96-01011-007
above addresses are elemented in any way, brown			2a. New Principal Official	**1914@Side ****191.
above addresses are recorrect in any way, one through the input from the input fr	Date of Last Report 4. State of	adress in Block 2 and/or 2a	Suite Apl # etc	1011
1985		V Country of Formation	City State & Zip	
Capital Contributions as Shown on Record.      So. 00      Amount of FLORIDA	Capital Contobutions in 6, 151	higan	- "	
	4		Applied For	7. CERTIFICATE OF STATUS REQUIRE
			<del></del>	STATUS REQUIRE
FEES: 1.) Filing Fee Computed at a rate of \$7 per \$1.0 2.) Supplemental F \$130 75 (pursuant to section E AMOUNT DUE SHALL BE NO LESS THAN \$191 25 (552 5) 10. If the amount entered as 5b as greater than amount KE CHECK PAYABLE TO FLORIDA DET OF \$1.00.	pated \$50.00 38— 00 on amount entered in 50 or 5a it 50 bi ion 607.193, F.S.) 0 + \$138.75) AND NO MORE THAN \$57 entered in 5a. a supplemental adultum	3267626 lank, with a minimum filing foo 76.25 (\$437.50 + \$138.75)	Mot American	
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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 fating is voluntarily furnished and does not qualify for the exercitions stated in Section 119.07(3)(k). Fording Statutes. Corporations from any liability of non-compile ince with Section 119.07(3)(k) in the event that the information supplied is deemed it seems to 119.07(3)(k). Fording Statutes. The loss the Dwn. Who empowered to execute this report as required and that my signature shall have the same legal effects as a made under outh. If further certify that I am a General Parities of the smiled partnership receiver or trustness.

Unistine M. adams Secretary/Treasurer Typed or Printed Name of General Partner Signing Form Ferzer/Country Point Company DATE December 31 . 1995 (616) 375-2000