

Document Number Only

B95000000455

CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 PM 2:39

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*****87.50 *****87.50

Fetzer/County Private Limited Partnership

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious name Filing |
| <input checked="" type="checkbox"/> Reinstatement | | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name	
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W.P. Verifier	

12/14/95 3:00
12-14-95

B/K

PLEASE RETURN EXTRA COPIES
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G. TAX _____
FILING 87.50
R. AGENT FEE _____
C. COPY _____
TOTAL 87.50
N. BANK _____
BALANCE DUE _____
REFUND _____

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

1. Fetzer/Country Pointe 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 to transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Michigan

(State of Formation)

4. December 1, 1995

(Date of Formation)

5. CT CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6. c/o CT Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

(City)

Florida

33324

(Zip Code)

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

CT CORPORATION SYSTEM

Sharon L. Gahlau
(Officer must sign on this line)

Sharon L. Gahlau, Asst. Vice President

(Type Name and Title of Officer)

8. 9292 WEST KL AVE KALAMAZOO MI 49009

(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Fetzer/Country Point Company

SPECIFIC ADDRESS

9292 West KL Avenue
Kalamazoo, MI 49009

F950 000 06101

10. 9292 West KL Avenue, Kalamazoo, MI 49009

(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. 9292 West KL Avenue, Kalamazoo, MI 49009

(Mailing Address of Limited Partnership)

This 7th day of December, 1995.

Fetzer/Country Point Company

General Partner

By: Christina M. Adams

STATE OF Christina M. Adams, Secretary/Treasurer
Michigan

COUNTY OF Wayne

THE FOREGOING instrument was acknowledged and sworn to before me this 7th day
of December, 1995, by Fetzer Country Point (Name of General Partner) of
Company

Fetzer/Country Pointe Limited Partnership

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

Claudia Maria Bylski

Notary Public

State of Michigan at Large

(SEAL)

My Commission Expires:

February 12, 1997

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DIVISION OF CORPORATIONS
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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, hereinafter referred to as the "Partnership", who certifies as follows:

1. 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 Partner

By: Christina M. Adams
Its: Secretary

STATE OF MICHIGAN
COUNTY OF KALAMAZOO
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 CHRISTINA M. ADAMS (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 12TH day of DECEMBER, 1995.

Anne E. Guimond
Notary Public

Seal

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

Witness: Fetzer Affidavit

ANNE E. GUIMOND
NOTARY PUBLIC STATE OF MICHIGAN
KALAMAZOO COUNTY
MY COMMISSION EXP. OCT 4, 1999

FILED
SECRETARY OF CORPORATIONS
DIVISION
95 DEC 14 PM 2:39

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$900 PENALTY FEE

B9500000455
LIMITED PARTNERSHIP
ANNUAL REPORT
1995
DIVISION OF CORPORATIONS

FILED
96 JAN 29 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

Fetzer/Country Pointe
Limited Partnership

1a. DOCUMENT #

B95000000455

96-AR

CM

Maining Address

9292 West KL Avenue
Kalamazoo, MI 49009

Principal Office Address

9292 West KL Avenue
Kalamazoo, MI 49009

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

3. Date Formed or Registered to Do Business in
FLORIDA
December 14, 1985

3a. Date of Last Report
N/A

4. State or Country of Formation
Michigan

5a. Capital Contributions as Shown
on Record
\$50.00

5b. Amount of Capital Contributions in
FLORIDA to date
0 anticipated \$50.00

6. FET Number
38-3267626

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

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 Filing 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

VT Corporation System
c/o Ct Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Name

10. If changed, new Registered Agent/Office

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

Suite, 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 further certify that I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

**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)

Fetzer/Country Point Company

11a. Address of Each General Partner
(Do NOT Use Post Office Box Number(s))

9292 West KL Avenue

11b. City, State & Zip Code

Kalamazoo, MI 49009

11c. Registration
Document Number

B95000006101

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 Div. of Corporations from any liability of non-compliance 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 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 Christine M. Adams

Secretary/Treasurer

DATE December 31, 1995

Typed or Printed Name of General Partner Signing Form

Fetzer/Country Point Company

Telephone Number (616) 375-2000

CR2E003 (6/95)