

B9900000321 File 3rd

Holland + Knight LLP
Requestor's Name

315 So. Calhoun - S600
Address

TALLA. FL. 224-7000
City/State/Zip Phone #
32301

Office Use Only

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

1. C.F. Fountain Square Associates Limited Partnership
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF
99 AUG 27 AM 11:52

- ☐ Walk in ☐ Pick up time 4:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

500002971915-1-5
-08/27/99-01036-018
***1793.75 ***1793.75

File 3rd

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

(P)

RECEIVED
99 AUG 27 AM 10:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
MK 8/27/99

Examiner's Initials	
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in Florida:

2.1 _____
(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.")

CONTINUED

12. C.F. FOUNTAIN SQUARE ASSOCIATES LIMITED PARTNERSHIP

57 WELLS AVE. NEWTON, MA 02459

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 24th day of August, 19 99

C.F. FOUNTAIN SQUARE G.P., Ltd by Todd
General Partner

STATE OF South Carolina

COUNTY OF Charleston

On this 8 day of 24, 19 99

Todd Abedon personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lisa A Pelloni
(Notary Public Signature)

LISA A Pelloni
(Notary's Printed Name)

Seal

My Commission Expires: 3-5-2005

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Todd G. Abedon / CF Fountain Square G.P. Ltd
a general partner of CF Fountain Square Associates Limited, a (an) TEXAS
PARTNERSHIP
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,350,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 25 day of August, 19 99

for C.F. Fountain Square G.P. Ltd, Todd G. Abedon
General Partner

STATE OF South Carolina

COUNTY OF Charleston

On this 28 day of August, 19 99

Todd G. Abedon, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lisa A. Pellori
(Notary Public Signature)

LISA A. PELLORI
(Notary's Printed Name)

Seal

My Commission Expires: 3-5-2005

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