

CAPITAL CONNECTION INC.

417 E. Virginia Street, Suite 1 Tallahassee, Florida 32302  
(850) 224-8870 1-800-442-8882 FAX (850) 222-2222

**A01000000215**

Ward Family Limited Partnership

400003339974--8

-07/31/00--01050--018

\*\*\*1785.00 \*\*\*1785.00

- Art of Inc. File
- LTD Partnership File *Photo*
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

FILED  
01 FEB 12 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*CORAFLLP*

*(Handwritten mark)*

*Mg 2/12*

RECEIVED

00 JUL 31 AM 9:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature

Requested by:

*LM* 7/31 9:19

Name Date Time

Walk-In Will Pick Up



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 31, 2000

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: WARD FAMILY LIMITED PARTNERSHIP  
Ref. Number: W00000018977

01 FEB 12 PM 1:38  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WARD FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

ALSO, in addition to the CERTIFICATE OF LIMITED PARTNERSHIP, you must file an AFFIDAVIT OF CAPITAL CONTRIBUTIONS. The AFFIDAVIT must be signed by BOTH general partners.

On the Affidavit, please list ONLY contributions being made by the LIMITED PARTNERS. Please do NOT include any general partner contributions in the amounts listed on the affidavit.

You may use our attached AFFIDAVIT FORM.

Please note that we have retained your \$1,785.00 payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 200A00041453

*Corrected*

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DIVISION OF CORPORATION

**CERTIFICATE OF LIMITED PARTNERSHIP**

**OF**

**G.F. and MARY ELLEN WARD FAMILY LIMITED PARTNERSHIP**

The undersigned general partners, for the purpose of forming a limited partnership under the Florida Limited Partnership Laws, hereby adopts the following Certificate of Limited Partnership.

01 FEB 12 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**ARTICLE I NAME**

The name of this limited partnership is **G.F. and MARY ELLEN WARD FAMILY LIMITED PARTNERSHIP**

The principal place of business of this limited partnership shall be: 2082 Ward's Office Lane, Avon Park, Florida 33825. Mailing address is P.O. Box 850, Avon Park, Florida 33825.

**ARTICLE II NATURE OF BUSINESS**

This limited partnership may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III GENERAL PARTNERS**

The name and street addresses of the general partners are:

Deborah A. Barber  
P.O. Box 850  
2082 Ward's Office Lane  
Avon Park, Florida 33825

Marcia L. Ward  
P.O. Box 850  
2082 Ward's Office Lane  
Avon Park, Florida 33825

**ARTICLE IV CAPITAL CONTRIBUTION**

The general partners will be contributing assets with a fair market value \$20,000 and with anticipated contributions of limited partners of \$1,600,000.

**ARTICLE V TERM OF EXISTENCE**

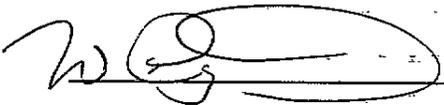
This limited partnership is to exist until June 30, 2021, when it shall terminate, unless sooner terminated under the terms of the limited partnership agreement.

**ARTICLE VI AMENDMENT**

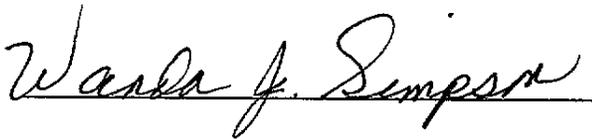
The partnership reserves the right to amend or repeal any provisions contained in this Certificate of Limited Partnership or any amendment to them.

IN WITNESS WHEREOF, the undersigned general partners have executed this Certificate of Limited Partnership, this 24th day of June, 1996.

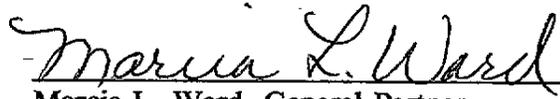
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_

  
\_\_\_\_\_  
Deborah A. Barber, General Partner

  
\_\_\_\_\_

  
\_\_\_\_\_

  
\_\_\_\_\_  
Marcia L. Ward, General Partner

  
\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF HIGHLANDS

The above and foregoing instrument was acknowledged before me this 24th day of June, 1996, by Deborah A. Barber (  ) who is personally known to me, or (  ) who has produced a driver's license as identification, and who (  ) did (  ) did not take an oath.

  
\_\_\_\_\_  
Notary Public/State of Florida  
at Large

(NOTARIAL SEAL)

My Commission Expires:  
W. Wilkes  
Commission # GG 835092  
Expires June 20, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.



STATE OF FLORIDA  
COUNTY OF HIGHLANDS

The above and foregoing instrument was acknowledged before me this 24th day of June, 1996, by Marcia L. Ward () who is personally known to me, or () who has produced a driver's license as identification, and who () did () did not take an oath.



Notary Public/State of Florida  
at Large

(NOTARIAL SEAL)

My Commission Expires



W. Wilkes  
Commission # CG 835092  
Expires June 20, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/RESIDENT OFFICE**

Pursuant to the provisions of Section 620.105, Florida Statutes, the undersigned Limited Partnership, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

G.F. and Mary Ellen

1. The name of the limited partnership is **WARD FAMILY LIMITED PARTNERSHIP**

2. The name and address of the registered agent and office is:

Marcia L. Ward  
P.O. Box 850  
2082 Ward's Office Lane  
Avon Park, Florida 33825

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Deborah A. Barber*  
Deborah A. Barber, General Partner

*Marcia L. Ward*  
Marcia L. Ward, General Partner

DATE: June 24, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

*Marcia L. Ward*  
Marcia L. Ward, Registered Agent

DATE: June 24, 1996

### AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of \_\_\_\_\_  
G.F. and Mary Ellen Ward Family Limited Partnership  
a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,600,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 1,600,000.00

Signed this 31 day of October, 19 2000

FURTHER AFFLIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the  
contents thereof and that the facts stated herein are true and correct.

Deborah A. Barber  
General Partner Deborah A. Barber

Marcia L. Ward  
General Partner Marcia L. Ward

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

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