

A03 000001257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

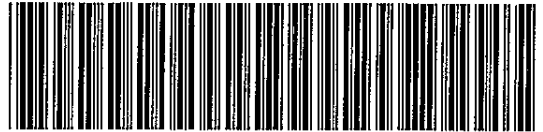
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800022448148

08/28/03--01046--019 **435.00

001019 12:11
RECEIVED
FEB 11 2004

A03-1257
AL

FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.

GUY S. EMERICH*
ROBERT C. SIFRIT
JACK O. HACKETT II**
MICHAEL P. HAYMANS
CHARLES T. BOYLE***
DAROL H.M. CARR
CONNIE M. SCHIDER****
MARK A. DRAPER
DAVID A. HOLMES††
GARY A. KAHLE**
JENNIFER R. HOWELL
JASON M. LUCAS
ROGER H. MILLER III

ATTORNEYS AT LAW
P.O. DRAWER 511447
99 NESBIT STREET
PUNTA GORDA, FLORIDA 33950
(941) 639-1158
FACSIMILE (941) 639-0028
WEB SITE: www.farr.com

EARL D. FARR, 1900-1988

1160 SOUTH McCALL ROAD, SUITE A
ENGLEWOOD, FLORIDA 34224
(941) 460-9334
FACSIMILE (941) 460-9443

EARL DRAYTON FARR, JR.
OF COUNSEL

* FL BAR BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES LAWYER
** FL BAR BOARD CERTIFIED
REAL ESTATE LAWYER
*** FL BAR BOARD CERTIFIED
MARITAL AND FAMILY LAWYER
† CERTIFIED FAMILY LAW MEDIATOR
†† CERTIFIED CIRCUIT COURT MEDIATOR

PLEASE REPLY TO:

PUNTA GORDA

August 26, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: JANZ FAMILY LIMITED PARTNERSHIP, LLLP

Dear Sir/Madame:


Please find enclosed for filing the following documents relative to JANZ FAMILY LIMITED PARTNERSHIP, LLLP:

1. Certificate of Limited Partnership;
2. Affidavit of Capital Contributions;
3. State of Qualification for Florida Limited Liability Limited Partnership.

Client's check in the amount of \$435.00 is enclosed for the filing fee, registered agent designation and Statement of Qualification (LLLP).

Thank you for your assistance.

Very truly yours,


DAVID A. HOLMES
For the Firm

DAH/lcc
Enclosures
103737

SERVING SOUTHWEST FLORIDA SINCE 1924

PERSONAL INJURY · WRONGFUL DEATH · CIVIL LITIGATION · CORPORATION & BUSINESS LAW · CRIMINAL LAW · FAMILY LAW
WILLS, TRUSTS & ESTATE PLANNING · GUARDIANSHIP · PROBATE · PRODUCTS LIABILITY · REAL ESTATE CLOSINGS
REAL PROPERTY LAW · ELDER LAW · CONSTRUCTION LAW · ZONING · LAND USE & ADMINISTRATIVE LAW

CERTIFICATE OF LIMITED PARTNERSHIP

JANZ FAMILY LIMITED PARTNERSHIP, LLLP

On this 21 day of August, 2003, the undersigned, being authorized to form a limited liability limited partnership (the "Partnership") pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, as amended (the "Act"), hereby certify as follows:

1. **Name.** The name of the Partnership is JANZ FAMILY LIMITED PARTNERSHIP, LLLP

2. **Registered Agent and Registered Office.** The name and address of the Partnership's registered agent and registered office address in required to be maintained by FLA. STAT. § 620.105 is DAVID A. HOLMES, 99 Nesbit Street, Punta Gorda, Florida 33950.

3. **Business Address.** The business and mailing address of the Partnership is 800 MONACO DRIVE, PUNTA GORDA, FL 33950

4. **General Partner.** The name and address of the General Partner of the Partnership is:

TIMOTHY A. JANZ
800 Monaco Drive
Punta Gorda, FL 33950

5. **Period of Existence.** The period of existence of the Partnership shall commence upon the filing of this Certificate of Limited Partnership with the Florida Department of State--Corporations Division and shall continue until dissolution January 1, 2054.

6. **Limited Partnership Agreement.** Any limited partnership agreement of the Partnership (the "Limited Partnership Agreement") must be in writing.

7. **Management.** The Partnership shall be managed by its General Partner in accordance with the procedures prescribed in the Limited Partnership Agreement; provided, however, that without prior written consent or authorization by the majoring in interest of the Limited Partners of the Partnership, no General Partner shall be authorized to take any action set forth below:

a. commit act in contravention or violation of this certificate of limited partnership or the limited partnership agreement;

b. commit any act which would make it impossible to carry on the ordinary business of the partnership;

c. confess a judgment against the partnership other than in connection with third party loans to the partnership;

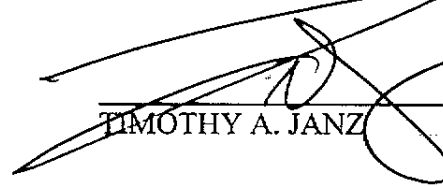
d. possess any partnership property, or assign the rights of the partners in the specific partnership property, for other than a partnership purpose;

e. assign the partnership property or assets in trust for creditors or on the basis of an assignee's promise or undertaking to pay the debts or obligations of the partnership;

f. commingle partnership funds with the funds of others, or

g. admit a person or entity as a general partner of the partnership except as provided in the limited partnership agreement;

GENERAL PARTNER:



TIMOTHY A. JANZ

RECORDED
TIMOTHY A. JANZ
03/10/09 9:51:21 AM
FILED

ACCEPTANCE

Having been named to accept service of process for the above stated ^{partnership} corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said law relative to keeping open said office.



DAVID A. HOLMES
Registered Agent

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

for

JANZ FAMILY LIMITED PARTNERSHIP, LLLP

The undersigned, being the sole general partner of JANZ FAMILY LIMITED PARTNERSHIP, LLLP, a Florida limited liability limited partnership (the "Partnership") certifies as follows:

1. The total amount of the capital contributions of the limited partners of the Partnership to date is \$0.00.
2. The total amount contributed and anticipated to be contributed by the limited partners of the Partnership at this time is \$50,000.

FURTHER AFFIANT SAYETH NOT.

Subject to penalties of perjury, the general partner of the Partnership declares that it has read the foregoing and knows the contents thereof and that the facts stated therein are true and correct.

Signed this 21 day of August, 2003.

GENERAL PARTNER,

[Handwritten Signature]
TIMOTHY A. JANZ

STATE OF FLORIDA
COUNTY OF CHARLOTTE

SWORN TO AND SUBSCRIBED to before me this 21 day of August, 2003 by TIMOTHY A. JANZ who () is personally known to me or () has produced _____ as identification.

(SEAL)

[Handwritten Signature]

NOTARY PUBLIC – STATE OF FLORIDA

Printed Name of Notary: _____

My Commission expires: _____

