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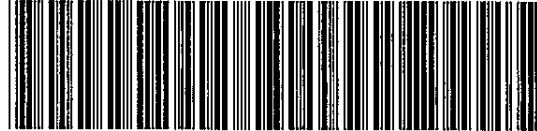
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04 MAY -6 PM 12:59

CLERK OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -6 PM 11:15

DIVISION OF REGISTRATION

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 5/6/04

REF. #: 0672.26018

CORP. NAME: TWO CORNERS LIMITED PARTNERSHIP

**FILE FIRST!**  
FILED  
04 MAY -6 PM 12:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |                                                               |                                                         |                                                  |
|---------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT          | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                        | <input type="checkbox"/> TRADEMARK/SERVICE MARK         | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                        | <input type="checkbox"/> MERGER                         | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION          |                                                         |                                                  |
| <input type="checkbox"/> OTHER:                               |                                                         |                                                  |

STATE FEES PREPAID WITH CHECK# 508220 FOR \$ 148.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |                                                           |                                                       |                                                        |
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| <input type="checkbox"/> CERTIFIED COPY                   | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |                                                       |                                                        |

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF  
TWO CORNERS LIMITED PARTNERSHIP**

The undersigned hereby executes and swear to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida:

1. **Name of Partnership.** The name of the Partnership shall be **TWO CORNERS LIMITED PARTNERSHIP** (the "Partnership").

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to *Florida Statutes* Section 620.106 shall be located at 4622 Gall Boulevard, Zephyrhills, Florida 33541-6237, and the name of the Partnership's agent for service of process at said address is LOIS R. LINVILLE.

3. **Names and Addresses of the General Partners.** The names and addresses of the General Partners are as follows:

**Name**

**Address**

LOIS R. LINVILLE

Post Office Box 9005  
Zephyrhills, Florida 33539-9005

TERRY LINVILLE

Post Office Box 9005  
Zephyrhills, Florida 33539-9005

DANNY LINVILLE

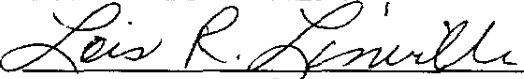
Post Office Box 9005  
Zephyrhills, Florida 33539-9005

4. **Mailing Address for the Limited Partnership.** The mailing address for the Partnership shall be Post Office Box 9005, Zephyrhills, Florida 33539-9005.

5. **Term.** The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **TWO CORNERS LIMITED PARTNERSHIP**.

DATED this 13<sup>th</sup> day of April, 2004.

**GENERAL PARTNERS:**

  
LOIS R. LINVILLE  
  
TERRY LINVILLE  
  
DANNY LINVILLE

**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, 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.

DATED: April 13, 2004

Lois R. Linville  
LOIS R. LINVILLE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF  
TWO CORNERS LIMITED PARTNERSHIP**

The undersigned, being all of the General Partners of **TWO CORNERS LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership"), who, upon being sworn, certify as follows:

1. The limited partners have contributed \$5,000.00 of capital to the Partnership.
2. It is not anticipated that the limited partners will make additional contributions in the future.

**DATED** this 13<sup>th</sup> day of April, 2004.

**FURTHER AFFIANTS SAYETH NOT.**

Under penalties of perjury, the undersigned declare that they have read the foregoing and that the facts alleged are true, to the best of their knowledge and belief.

**GENERAL PARTNERS:**

Lois R. Linville  
LOIS R. LINVILLE

Terry Linville  
TERRY LINVILLE

Danny Linville  
DANNY LINVILLE

STATE OF FLORIDA  
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of APRIL, 2004, by LOIS R. LINVILLE, TERRY LINVILLE and DANNY LINVILLE, the General Partners of the Partnership, who are personally known to me.



Charlotte A. Rinaldo  
Commission #DD280394  
Expires: Feb 24, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.

Charlotte A. Rinaldo  
Notary Public  
Print Name: CHARLOTTE A. RINALDO  
Commission No: DD280394  
My Commission Expires: 2/24/08