

A040000000922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

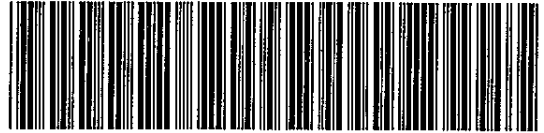
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALL APPLICANTS
STATIONED IN THE
04 JUN - 3 01P:00
MTC

CB
6-704

Sheila Leonard
6242 Alexon Drive
Jacksonville, Florida 32210

June 1, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Orton Sisters Ltd.

Enclosed please find our application for a Certificate of Limited Partnership. I have enclosed a check in the amount of \$87.50.

If you need any further information, I can be reached at (904) 355-7100 during business hours.

Sincerely,



Sheila Orton Leonard

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FILED
04 JUN -3 PM 12: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. Orton Sisters Ltd.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 6242 Alexon Dr., Jacksonville, FL 32210
(Business address of Limited Partnership)

3. Sheila Orton Leonard
(Name of Registered Agent for Service of Process)

4. 6242 Alexon Dr., Jacksonville, FL 32210
(Florida street address for Registered Agent)

5. Sheila Orton Leonard
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 6242 Alexon Dr., Jacksonville, FL 32210
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: June 30, 2014

8. Name(s) of general partner(s):	Street address:
<u>Sheila Orton Leonard</u>	<u>6242 Alexon Dr., Jax, FL 32</u>
<u>Siobhan Orton</u>	<u>6250 Alexon Dr., Jax, FL 3221</u>
<u>Brenda Orton Leonard</u>	<u>6432 Romilly Dr., Jax, FL 322</u>

Under 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.

Signed this 1st day of June, 2004.

Signature of all general partners:

Sheila Orton Leonard
General Partner

Brenda Orton Leonard
General Partner

Siobhan Orton
General Partner

General Partner

General Partner

General Partner

04 JUN - 3 PM 12:08
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
ORTON SISTERS Ltd.

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 100⁰⁰.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 100⁰⁰.

Signed this 1st day of June, 2004.

FURTHER AFFIANT 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.

Sheila Orton Leonard
General Partner

General Partner

Stephan Orton
General Partner

General Partner

Breanna Orton Harcock
General Partner

General Partner

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -3 PM 12:08

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