P95000011106

CORP ACCESS, INC.
11 [illegible]
TALLAHASSEE, FL 32308
(904) 222-2666

(Requester's Name)

(Address)

(City, State, Zip) (Phone #)

95 JUL 20 PM 4:11
DIVISION OF CORPORATION

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 20 PM 1:24

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

1. Esformes Ranch Properties Ltd.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

600001545136
-07725/95--01051--007
****728.00 ****728.00

☑ Walk in ☑ Pick up time 7-20 1:00 ☑ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
✓	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX
FILING 693.00
R. AGENT FEE 35.00
COPY 728.00
CERT.
S. BANK
BALANCE DUE
REFUND

7/20/95

Examiner's Initials

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, certify as follows:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 20 PM 1:24

1. **Name of Limited Partnership.** The name of the Limited Partnership is

ESFORMES RANCH PROPERTIES LTD.

2. **Office for Maintenance of Business Records.** The address of the office at which the records of the Limited Partnership will be kept, as required by Section 620.106 of the Florida Statutes, is:

503 10th Street West
Palmetto, Florida 34221.

3. **Agent for Service of Process.** The name and address of the Partnership's agent for service of process in Florida is:

Triple E Produce Corp.
503 10th Street West
Palmetto, Florida 34221.

4. **General Partner.** The name and business address of the sole General Partner in the Limited Partnership is as follows:

Name	Business Address
Triple E Produce Corp.	503 10th Street West Palmetto, Florida 34221.

5. **Address of Partnership.** The mailing address of the Limited Partnership is:

503 10th Street West
Palmetto, Florida 34221.

6. **Date of Dissolution.** The latest date on which the Limited Partnership is to dissolve is June 30, 2025.

7. **Effective Date.** This certificate will become effective and the Limited Partnership will be formed upon the filing of this Certificate in the Office of the Secretary of State of Florida.

Dated: July 18, 1995.

TRIPLE E PRODUCE CORP.,
General Partner & Registered Agent

By: _____
Nathan O. Esformes
President

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned being the sole general partner of **ESFORMES RANCH PROPERTIES LTD.** a Florida limited partnership, certifies as follows:

1. The amount of capital contributions to date of the limited partners is **NINETY NINE THOUSAND DOLLARS** ($99,000.00).

2. The total amount contributed and anticipated to be contributed by the limited partners at this time totals **NINETY NINE THOUSAND DOLLARS** ($99,000.00).

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 20 PM 1:24

DATED as of July 1, 1995.

Under the penalties of perjury, the undersigned declares that it has read the foregoing and that the facts alleged are true to the best of its knowledge and belief.

GENERAL PARTNER:

TRIPLE E PRODUCE CORP., a Delaware corporation

By: _____
Nathan J. Esformes,
President

c:\wdprf\work\e-ranch\cap-con.aff

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

A94000001106

FILED
95 NOV 13 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001106

ROBIN T. HOLLINGSWORTH FAMILY LIMITED PARTNERSHIP

11-13 DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc P.O. Box 1097

City, State & Zip Belle Glade, Fl. 33430

2a. New Principal Office Address, If Applicable

Suite, Apt #, etc

City, State & Zip

Mailing Address	Principal Office Address
P.O. BOX 8	257 S.E. AVENUE E
LAKE HARBOR FL 33459-0008	BELLE GLADE FL 33430

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
06/12/1994	01/17/1995	FL

5a. Capital Contributions as Shown on Record.	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number	Applied For / Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$309,826.00		65-0509731		[redacted]

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

BAKER, JOHN E
257 S.E. AVENUE E
BELLE GLADE FL 33430

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HOLLINGSWORTH, ROBIN T	~~P.O. BOX 8~~ 101 Old US Hwy 27	LAKE HARBOR FL 33459	100001648511 -11/29/95--01054--006 ****576.25 ****576.25 KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robin T. Hollingsworth DATE 10/16/95

Typed or Printed Name of General Partner Signing Form Robin T. Hollingsworth Telephone Number 407-996-0469

CR2E003 (6/95)

APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A95000001106

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 29 AM 11:41

DOCUMENT # A95000001106

1. Name of Limited Partnership

ESFORMES RANCH PROPERTIES LTD

4/12/96

DO NOT WRITE IN THIS SPACE

2. Mailing Address
PO BOX 1389
Suite, Apt. #, etc
City & State
Palmetto, FL 34220
Zip 34221 Country USA

3. Principal Office Address
503 10th St West
Suite, Apt. #, etc
City & State
Palmetto, FL 34221
Zip 34221 Country USA

4. Date Formed or Registered To Do Business in Florida
July 20, 1995

5. FEI Number
65-0595049
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. State or Country of Formation

8a. Capital Contributions as Shown on Record
99,000.00

8b. Amount of Capital Contributions in FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $138.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year (and form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Triple E Produce
503 10th St West
Palmetto, FL 34221

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City

700081813037
05/08/96--01036--018
**1065.00 **1065.00
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) [signature] DATE 4-25-96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
✓ Triple E Produce	503 10th St West	Palmetto, FL 34221	P10175

PENALTY -500.00
AR -437.50
SWD-138.75
8.75
CUS-
$1,085.00

REINSTATEMENT 1996

BK CUS

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 4-25-96

Typed or Printed Name of General Partner Signing Form NATHAN J. ESFORMES TRIPLE E PRODUCE Telephone Number 941-729-4610

CR2E033 (4/95)