

Reley J. Landner
Requestor's Name

A96000000615

City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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- ☒ Walk in ☒ Pick up time 3:00 ☒ Certified Copy ☐ Certificate of Status
- ☐ Mail out ☐ Will wait ☐ Photocopy

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***1837.50 ***1837.50

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

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

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OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

6 TAX
FILING
R. AGENT FEE 17.50.00
G. COPY 32.00
TOTAL 50.00
N. BANK 1837.50
BALANCE DUE
DEFIND

3/29/96

Examiner's initials Bjt

A T T E N T I O N A S L A W

SUITE 1100
111 NORTH ORANGE AVENUE
ORLANDO, FLORIDA 32801
TELEPHONE (407) 423-7055
FACSIMILE (407) 641-1743
MAILING ADDRESS
POST OFFICE BOX 2193
ORLANDO, FL 32803-2193

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Enclosures

**AFFIDAVIT AND CERTIFICATE
OF LIMITED PARTNERSHIP OF
BAILES FAMILY LIMITED PARTNERSHIP**

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, hereby certifies and declares as follows:

(1) The name of the partnership is "Bailes Family Limited Partnership" Florida limited partnership (the "Partnership").

(2) The principal place of business of the Partnership is 8989 South Orange Avenue, Orlando, Florida 32809. The mailing address of the Partnership is P.O. Box 593688, Orlando, Florida 32859-3688.

(3) The name and street address of the agent for service of process is Charles E. Bailes, Jr., 8989 South Orange Avenue, Orlando, Florida 32809. The mailing address of the agent for service of process is P.O. Box 593688, Orlando, Florida 32859-3688.

(4) The names of the general partners are Charles E. Bailes, Jr. and Jacqueline H. Bailes, and the mailing address of the general partners is P.O. Box 593688, Orlando, Florida 32859-3688.

(5) The latest date upon which the Partnership is to dissolve and liquidate is December 31, 2036.

(6) The total present and anticipated contribution to the capital of the Partnership made by the limited partners is \$1,200,000.00.

IN WITNESS WHEREOF, the undersigned General Partner has executed this Affidavit and Certificate of Limited Partnership on this 28th day of March, 1996.

GENERAL PARTNERS:

Charles E. Bailes Jr.
Charles E. Bailes, Jr.

Jacqueline H. Bailes
Jacqueline H. Bailes

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ACCEPTANCE OF APPOINTMENT

The undersigned acknowledges and accepts his appointment as registered agent of Bailes Family Limited Partnership, a Florida limited partnership (the "Partnership"), and agrees to act in that capacity and to comply with the provisions of the Florida Limited Partnership Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts, the obligations of a registered agent appointed as provided for in Chapter 620 of the Florida Statutes.

Dated this 28th day of March, 1996.

Charles E. Bailes, Jr.
Charles E. Bailes, Jr.

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