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File 2nd

FILING COVER SHEET

REFERENCE: 0164

DATE: 2-20-98

CONTACT: CINDY HICKS

FROM: CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE: 222-1173

SUBJECT: The Shackelford Family
Limited Partnership,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 20 PM 3: 00

STATE FEES PREPAID WITH CHECK # 12752 FOR \$ 1,960.00
also to be applied to articles of incorporation filing.

PLEASE FILE:

- ARTICLES OF INC.
- AMENDMENT
- DISSOLUTION
- ANNUAL REPORT
- QUALIFICATION
- LIMITED PARTNERSHIP
- ANNUAL REPORT
- FICTITIOUS NAME
- LIMITED LIABILITY
- REINSTATEMENT
- UCC-1
- UCC-3

RECEIVED
98 FEB 20 AM 10: 21
DIVISION OF CORPORATION

PROVIDE US WITH:

- CERTIFIED COPY
- CERTIFICATE OF STATUS
- STAMPED COPY

A98-473

Name _____
Availability _____
Agent _____
Secretary _____
Treasurer _____
Director _____

400002435954--5
-02/20/98--01028--014
***1960.00 ***1837.50

Examiner's Initials _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 20 PM 3:00

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE SHACKELFORD FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

The undersigned general partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, does hereby state:

1. The name of the Partnership is:

THE SHACKELFORD FAMILY LIMITED PARTNERSHIP,

2. The address of the office of the Partnership is:

P.O. Box 1420
Wauchula, FL 33873

3. The name and address of the agent for service of process on the Partnership is:

Charles L. Shackelford
1070 West Louisiana Street
Wauchula, FL 33873

4. The name and business address of the general partner is:

SHACKELFORD ASSOCIATES, INC.
P.O. Box 1420
Wauchula, FL 33873

998-16717

5. The mailing address of the Partnership is:

P.O. Box 1420
Wauchula, FL 33873

6. The latest date upon which the Partnership shall dissolve is March 1, 2015 unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.
7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by Charles L. Shackelford, President of SHACKELFORD ASSOCIATES, INC., the general partner of THE SHACKELFORD FAMILY LIMITED PARTNERSHIP, LTD., a Florida limited partnership, this 19th day of February, 1998.

WITNESSES:

Coral Gordon

Gene M. Kullin

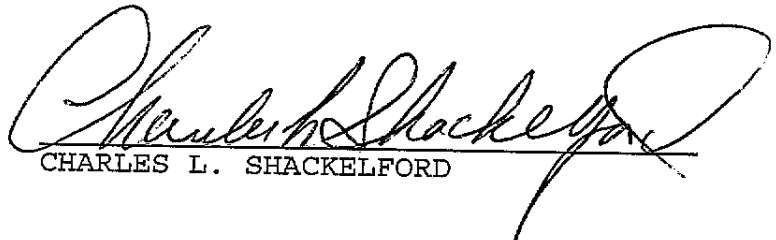
Charles L. Shackelford
CHARLES L. SHACKELFORD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 20 PM 3:00

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE SHACKELFORD FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, 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, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: February 19, 1998


CHARLES L. SHACKELFORD

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 20 PM 3:00

STATE OF FLORIDA)
COUNTY OF SARASOTA)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared, CHARLES L. SHACKELFORD, as President of SHACKELFORD ASSOCIATES, INC., a Florida corporation, being the general partner of THE SHACKELFORD FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is \$700,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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

WITNESSES:

GENERAL PARTNER

SHACKELFORD ASSOCIATES, INC.

Carol Gordon

By Charles L. Shackelford
Charles L. Shackelford
Its President

Rebecca M. Keelin

FILED
SECRETARY OF STATE
FEB 20 PM 3:00
OFFICE OF CORPORATIONS

STATE OF FLORIDA)
COUNTY OF SARASOTA)

Subscribed and acknowledged before me this 19th day of February, 1998, by CHARLES L. SHACKELFORD, who is personally known to me ~~or who has produced~~ nila as identification and who did not take an oath.

[Signature]
Notary Public

Print Name _____

My Commission Expires:

