



A98000002429

ACCOUNT NO. : 072100000032

REFERENCE : 006944 4363895

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : October 23, 1998

ORDER TIME : 10:56 AM

ORDER NO. : 006944-005

CUSTOMER NO: 4363895

CUSTOMER: J. Doyle Tumbleson, Esq
KINSEY VINCENT PYLE, P.A.
KINSEY VINCENT PYLE, P.A.
P. O. Box 1268

Daytona Beach, FL 32115-1268

DOMESTIC FILING

NAME: SHIELDS FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 23 PM 1:34

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(9) BK

10/23/98
DIVISION OF CORPORATIONS
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RECEIVED

**CERTIFICATE OF LIMITED PARTNERSHIP AND AFFIDAVIT
FOR
SHIELDS FAMILY LIMITED PARTNERSHIP**

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The undersigned General Partners, after being duly sworn, file this Certificate of Limited Partnership and Affidavit for the **SHIELDS FAMILY LIMITED PARTNERSHIP**, pursuant to Section 620.108, Florida Statutes:

1. The name of the Limited Partnership is the **SHIELDS FAMILY LIMITED PARTNERSHIP**.

2. The address of the office, and the name and address of the agent for service of process required to be maintained by Section 620.105 are as follows:

Registered Agent: Dannie J. Shields, Sr.

Registered Office: 3294 Spruce Creek Glen
Daytona Beach, Florida 32124

3. The name and business address of the General Partners are as follows:

Tommy D. Shields
1555 Bella Vista Drive
Encinitas, California 92024

Charlie Shields
749 Boston Avenue
South Daytona, Florida 32119

Wallace H. Shields
710 Shields Road
Dalton, Georgia 30720

Patricia D. Skrabak
532 Hermes Avenue
Encinitas, California 92024

Dannie J. Shields, Sr.
3294 Spruce Creek Glen
Daytona Beach, Florida 32124

4. The mailing address of the Limited Partnership is as follows:

3294 Spruce Creek Glen
Daytona Beach, Florida 32124

5. The last date upon which the Limited Partnership is to dissolve is either:

(a) Upon the death, incapacity, resignation or removal of the last lineal descendant of William E. and Lela V. Shields eligible to serve as General Partners of the Partnership pursuant to the Partnership Agreement; or

(b) When all General Partners have given their consent.

6. The total and anticipated amount of the capital contributions of Limited Partners is \$800,000.00.

IN WITNESS WHEREOF, the undersigned, as General Partners, do hereby execute and acknowledge this Certificate of Limited Partnership, this 5th day of OCTOBER, 1998.

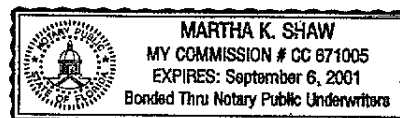
Witnesses:

Lynda S. Shreve Dannie J. Shields, Sr.
Ferry Z. Moser DANNIE J. SHIELDS, SR.

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 5th day of October, 1998, by DANNIE J. SHIELDS, SR., as General Partner of the SHIELDS FAMILY LIMITED PARTNERSHIP, who is personally known to me or has produced _____ as identification and who did take an oath.

Martha K. Shaw
Notary Public
MARTHA K. Shaw
(type/print name)
My Commission expires:
Commission No.:



Witnesses:

Frances Deemond
Eric L. Hammond

Charlie Shields
CHARLIE SHIELDS

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DIVISION OF CORPORATIONS
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STATE OF FLORIDA
COUNTY OF VOLUSIA

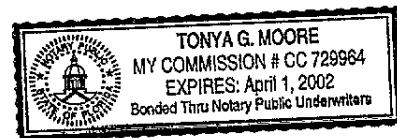
The foregoing instrument was acknowledged before me this 5 day of October, 1998, by **CHARLIE SHIELDS**, as General Partner of the **SHIELDS FAMILY LIMITED PARTNERSHIP**, who is personally known to me or has produced _____ as identification and who did take an oath.

Tonya G. Moore
Notary Public

Tonya G. Moore
(type/print name)

My Commission expires:

Commission No.:



Witnesses:

Clara Ames
Helen Fowler

Wallace Shields
WALLACE SHIELDS

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STATE OF GEORGIA
COUNTY OF

Whitfield

The foregoing instrument was acknowledged before me this 5th day of October, 1998, by **WALLACE SHIELDS**, as General Partner of the **SHIELDS FAMILY LIMITED PARTNERSHIP**, who is personally known to me or has produced known personally as identification and who did take an oath.

Helen Fowler
Notary Public

HELEN FOWLER

(type/print name)

My Commission expires: **Notary Public, Whitfield County, Georgia**
Commission No.: **My Commission Expires April 17, 2001**

Witnesses:

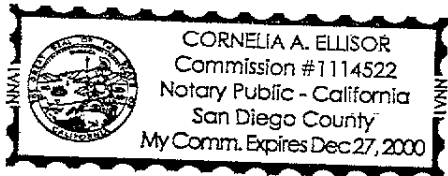
Jane Cahill Hunt
Q. E.

Tommy D. Shields
TOMMY D. SHIELDS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATE OF CALIFORNIA
COUNTY OF San Diego

The foregoing instrument was acknowledged before me this 5th day of October 1998, by **TOMMY D. SHIELDS**, as General Partner of the **SHIELDS FAMILY LIMITED PARTNERSHIP**, who is personally known to me or has produced CA drivers license as identification and who did take an oath.



Notary Public

Cornelia A. Ellisor
(type/print name)

My Commission expires: 12/27/00
Commission No.:

Witnesses:

William Munny
Barbara Garrett

Patricia D. Skrabak
PATRICIA D. SKRABAK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 23 PM 1:34

STATE OF CALIFORNIA
COUNTY OF

The foregoing instrument was acknowledged before me this _____ day of _____, 1998, by **PATRICIA D. SKRABAK**, as General Partner of the **SHIELDS FAMILY LIMITED PARTNERSHIP**, who is personally known to me or has produced _____ as identification and who did take an oath.

Notary Public

(type/print name)

My Commission expires:

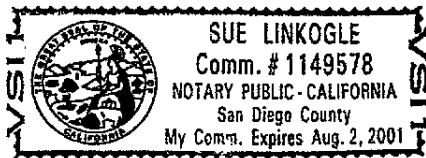
Commission No.:

State of California
County of San Diego

On 10-7-98 before me, Sue Linkogle Notary Public
(DATE) (NAME/TITLE OF OFFICER, i.e. "JANE DOE, NOTARY PUBLIC")
personally appeared Patricia D. SKRABAR
(NAME(S) OF SIGNER(S))

☐ personally known to me -OR- ☒

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Witness my hand and official seal.

(SEAL)

Sue Linkogle
(SIGNATURE OF NOTARY)

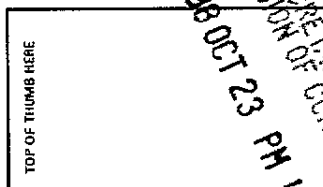
ATTENTION NOTARY

The information requested below and in the column to the right is **OPTIONAL**. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Title or Type of Document _____
Number of Pages _____ Date of Document _____
Signer(s) Other Than Named Above _____

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

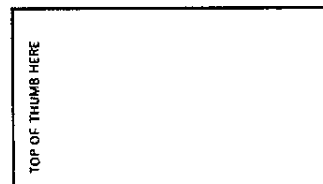
☐ INDIVIDUAL(S)
☐ CORPORATE _____

OFFICER(S) _____ (TITLES)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

☐ INDIVIDUAL(S)
☐ CORPORATE _____

OFFICER(S) _____ (TITLES)

☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY IN FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
(Name of Person(s) or Entity(ies))



ACCEPTANCE OF DESIGNATION

I hereby accept the designation as Registered Agent of the SHIELDS FAMILY LIMITED PARTNERSHIP for service of process within the State of Florida.


DANNIE J. SHIELDS, SR.

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