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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 527686 7145323

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 23, 1999

ORDER TIME : 11:18 AM

ORDER NO. : 527686-005

CUSTOMER NO: 7145323

CUSTOMER: Mr. Wade Boyette
HOVIS & BOYETTE, P.A.
HOVIS & BOYETTE, P.A.
Bankfirst Building, 2nd Floor
1380 Grand Highway
Clermont, FL 34711

000003079370--7
-12/23/99--01056--001
***1785.00 ***1785.00

DOMESTIC FILING

NAME: CAPPLEMAN FAMILY LIMITED
PARTNERSHIP

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: np

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 DEC 23 AM 11:16

RECEIVED
99 DEC 23 PM 12:11
TALLAHASSEE, FLORIDA

789/640/671 W99-29312

312 11/10/00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 23, 1999

CSC
ATTN: JANINE LAZZARINI
WALK-IN,

SUBJECT: CAPPLEMAN FAMILY LIMITED PARTNERSHIP
Ref. Number: W99000029312

RESUBMIT

Please give original
submission date as file date.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 23 AM 11:16

We have received your document for CAPPLEMAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1785.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 620.108, Florida Statutes, an affidavit declaring the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners must accompany the certificate of limited partnership. The affidavit must be signed by all general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 899A00060100

RECEIVED
00 JAN 10 AM 10:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
CAPPLEMAN FAMILY LIMITED PARTNERSHIP**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 23 AM 11:16

The undersigned, constituting all of the general partners, hereby execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be CAPPLEMAN FAMILY LIMITED PARTNERSHIP.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.106, shall be located at 14035 Fair Way Willow Lane, Winter Garden, FL 34787, and the name of the Partnership's agent for service of process is Lawrence E. Cappleman, Jr., and the street address of the registered agent is 14035 Fair Way Willow Lane, Winter Garden, FL 34787. The mailing address of the registered agent is P.O. Box 771834, Winter Garden, FL 34777.

3. **Name and Business Address of the General Partners.**

(a) The names and addresses of the General Partners are:

<u>Name</u>	<u>Address</u>
Antoinette B. Cappleman	27 Lerida Lane Hot Springs Village, AR 71909
Lawrence E. Cappleman, Jr.	14035 Fair Way Willow Lane Winter Garden, FL 34787
Antoinette G. Ladage	410 Tate Street Henderson, TX 75654

4. **Mailing Address for the Limited Partnership.** The mailing address for the Limited Partnership shall be P.O. Box 771834, Winter Garden, FL 34777.

5. **Term.** The term for which the Partnership is to exist shall be from the filing of this Certificate in the Office of the Secretary of State of the State of Florida until the 31st day of December, 2049, unless sooner terminated in accordance with the Limited Partnership for CAPPLEMAN FAMILY LIMITED PARTNERSHIP.

DATED this 21 day of December, 1999.

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

Antoinette B. Cappelman
ANTOINETTE B. CAPPLEMAN, General Partner

Antoinette G. Ladage
ANTOINETTE G. LADAGE, General Partner

Lawrence E. Cappelman, Jr.
LAWRENCE E. CAPPLEMAN, JR.,
General Partner

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, 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.

Lawrence E. Cappelman, Jr.
LAWRENCE E. CAPPLEMAN, JR.

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 23 AM 11:16

The undersigned, constituting all of the general partners of CAPPLEMAN FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership, certifies as follows:

1. To date, the amount of capital contribution of the limited partners is
\$ 0.00
2. The total amount contributed and anticipated to be contributed by the limited partner at
this time totals \$ 450,000.00

DATED this 21st day of December, 1999.

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

Antoinette B. Cappelman
ANTOINETTE B. CAPPLEMAN, General Partner

Antoinette G. Ladage
ANTOINETTE G. LADAGE, General Partner

Lawrence E. Cappelman
LAWRENCE E. CAPPLEMAN, JR., General Partner