

103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

A000000000965

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

MJH

DATE: 6/15/00

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-06/15/00--01063--019
***1837.50 ***1837.50

REF. #: 0174/12141

CORP. NAME: THOMAS E. KOVACIK LIMITED
PARTNERSHIP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 15 PM 1:44

STATE FEES PREPAID WITH CHECK# 11151 FOR \$ 1,837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

RECEIVED
00 JUN 15 AM 11:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP OF
THOMAS E. KOVACIK LIMITED PARTNERSHIP,
a Florida limited partnership

The undersigned general partners 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, do hereby state the following:

1. The name of the Partnership is:

THOMAS E. KOVACIK LIMITED PARTNERSHIP

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

1800 Ben Franklin Drive, B209
Sarasota, FL 34236

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

THOMAS E. KOVACIK
1800 Ben Franklin Drive, B209
Sarasota, FL 34236

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

THOMAS E. KOVACIK, as Trustee of the THOMAS E. KOVACIK
REVOCABLE TRUST u/a/d MAY 1ST, 2000
1800 Ben Franklin Drive, B209
Sarasota, FL 34236

5. The mailing address of the Partnership is:

1800 Ben Franklin Drive, B209
Sarasota, FL 34236

6. The latest date upon which the Partnership shall dissolve is December 31, 2050 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 partners 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 THOMAS E. KOVACIK, as Trustee of the THOMAS E. KOVACIK REVOCABLE TRUST u/a/d MAY 1ST, 2000, the general partner of the THOMAS E. KOVACIK LIMITED PARTNERSHIP, a Florida limited partnership, this 1ST day of MAY, 2000.

WITNESSES:

Josh M. Mang
Shayne A. Bozpp
As to General Partner

Thomas E. Kovacik
THOMAS E. KOVACIK, as Trustee of the
THOMAS E. KOVACIK REVOCABLE
TRUST u/a/d MAY 1ST, 2000

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for the THOMAS E. KOVACIK 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:

MAY 1ST, 2000

Thomas E. Kovacik
THOMAS E. KOVACIK

STATE OF FLORIDA)
COUNTY OF SARASOTA)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared THOMAS E. KOVACIK, as Trustee of the THOMAS E. KOVACIK REVOCABLE TRUST u/a/d MAY 1ST 2000, the general partner of the THOMAS E. KOVACIK 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 \$ 600,000.
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:

Josh M. Mery

Shayne A. Boggs

As to General Partner

Thomas E. Kovacik

THOMAS E. KOVACIK, as Trustee of the
THOMAS E. KOVACIK REVOCABLE
TRUST u/a/d May 1, 2000

"GENERAL PARTNER"

Subscribed and acknowledged before me this 1st day of MAY, 2000, by THOMAS E. KOVACIK, as Trustee of the THOMAS E. KOVACIK REVOCABLE TRUST u/a/d 5/1/2000, who is personally known to me or who has produced _____ as identification and who did not take an oath.



GEORGE H. MAZZARANTANI
Notary Public, State of Florida
My Comm. Exp. Apr. 19, 2003
Comm. No. CC 821331

My Commission expires:

Notary Public

Print Name: _____