

1837.50

# A00000001060

TIMOTHY WARFEL  
STUART E. GOLDBER  
TERRENCE T. DARIOTIS  
LAUCHLIN TENCH WALDOCH<sup>o</sup>  
CAROLYN D. OLIVE<sup>+</sup>  
CURTIS B. HUNTER

HOBBS & WALDOCH, P.A.  
ATTORNEYS AT LAW  
39 CENTRE STREET, SUITE 200  
TALLAHASSEE, FLORIDA 32317  
FAX: (850) 942-0400

POST OFFICE BOX 12458  
TALLAHASSEE, FLORIDA 32317

<sup>o</sup>Florida Bar Certified Wills, Trusts & Estates  
<sup>o</sup>Florida Bar Certified Elder Law  
<sup>+</sup>Florida Bar Certified Tax Law

June 29, 2000

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

LP 4785.00  
CERT 5250.

800003310938--2  
-07/03/00--01027--017  
\*\*\*1915.00 \*\*\*1837.50

Re: Hobbs Family Partnership, LLLP

7

Dear Sir or Madam:

We are returning the following documents for the referenced limited liability limited partnership, revised as requested in your letter of June 26, 2000 (copy enclosed). Originals and one copy are included.

1. Statement of Qualification for Florida Limited Liability Limited Partnership; and  
Certificate of Limited Partnership, with Affidavit of Capital Contributions and Certificate of Designation of Registered Agent/registered Office.

Also enclosed is our trust account check in the amount of \$1,915.00 for filing fees, as follows:

RECEIVED  
00 JUN 30 PM 3:13  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
00 JUN 30 AM 11:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Certificate of Limited Partnership:	Filing fee	\$1,750.00
	Reg. agent fee	\$ 35.00
	Certified copy	\$ 52.50
Statement of Qualification as LLLP:	Filing fee	\$ 25.00
	Certified copy	\$ 52.50
<b>TOTAL</b>		<b>\$1,915.00</b>

Please return the certified copies in the enclosed self-addressed stamped envelope. Do not hesitate to call my office if there are any questions. Thank you for your usual excellent assistance.

Sincerely,

*Carolyn D. Olive*

Carolyn D. Olive

CDO/  
Enclosures

*Handwritten initials/signature*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 26, 2000

WARFEL, GOLDBERG, ET AL

TALLAHASSEE, FL

SUBJECT: HOBBS FAMILY PARTNERSHIP, LLLP  
Ref. Number: W00000016224

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 30 AM 11:00

We have received your document for HOBBS FAMILY PARTNERSHIP, LLLP and check(s) totaling \$1915.00. However, your check(s) and document are being returned for the following:

Please note that we are returning both the CERTIFICATE OF LIMITED PARTNERSHIP documents and the LLLP QUALIFICATION documents.

*done* — As discussed, we need you to please have the \$1,915.00 check signed.

*done* — And because one of the General Partners is a trust, you should list the names of both trustees OVER the name of the trust in Item 4. By doing this, we understand that you will be giving us permission to list the trustee names on our computer listing for this partnership. Our computer index doesn't provide enough space to list both the name of the trust, and the name of the trustees.

Most limited partnerships with trusts as general partners find this policy acceptable.

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) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 900A00035953

# **Certificate of Limited Partnership of**

## **HOBBS FAMILY PARTNERSHIP, LLLP**

**a Florida Limited Liability Limited Partnership**

\*\*\*\*\*

The undersigned General Partners, desiring to form a Limited Liability Limited Partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Chapter 620, Part I, of the Florida Statutes, hereby states the following:

1. The name of the Partnership is:

**HOBBS FAMILY PARTNERSHIP, LLLP** (herein, the "Partnership").

2. The mailing address and principal place of business of the Partnership is:

375 Rob Roy Trail  
Tallahassee, Florida 32312

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

William M. Hobbs  
375 Rob Roy Trail  
Tallahassee, Florida 32312

4. The names and business addresses of the General Partners are as follows:

PATRICIA M. HOBBS and WILLIAM M. HOBBS, as Co-Trustees of  
THE PATRICIA M. HOBBS TRUST U/A/D May 16, 2000  
Attn: William M. Hobbs, Co-Trustee  
375 Rob Roy Trail  
Tallahassee, Florida 32312

And

WILLIAM M. HOBBS  
375 Rob Roy Trail  
Tallahassee, Florida 32312

5. The latest date upon which the Partnership shall dissolve is December 31, 2051.  
6. The effective date of this Certificate of Limited Partnership shall be upon filing.

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.

*[The next provision is the signature page]*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 30 AM 11:00

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partners of HOBBS FAMILY PARTNERSHIP, LLLP on this 16th day of May, 2000.

THE PATRICIA M. HOBBS TRUST U/A/D  
May 16, 2000, as General Partner:

By: Patricia M. Hobbs  
Patricia M. Hobbs, as Co-Trustee

By: William M. Hobbs  
William M. Hobbs, as Co-Trustee

William M. Hobbs

William M. Hobbs, as General Partner

BEING ALL THE GENERAL PARTNERS

FAOLIVE\HOBBS\LMPP\CERTIF.LTD

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned General Partners of **HOBBS FAMILY PARTNERSHIP, LLLP**, a Florida Limited Liability Partnership (the "Partnership"), whose address is 375 Rob Roy Trail, Tallahassee, Florida 32312, certifies as follows:

1. The amount of initial capital contributions to the Partnership made by the initial Limited Partners is \$ 2,000,000.00
2. Additional capital contributions are anticipated to be contributed by the Limited Partners to the Partnership in the amount of \$ 500,000.00
3. The total amount of initial and anticipated capital contributions to be contributed to the Partnership is \$ 2,500,000.00

FURTHER AFFIANTS SAITH NOT.

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

**THE PATRICIA M. HOBBS TRUST U/A/D**  
May 16, 2000, as General Partner:

By: Patricia M. Hobbs  
Patricia M. Hobbs, as Co-Trustee

By: William M. Hobbs  
William M. Hobbs, as Co-Trustee

William M. Hobbs  
William M. Hobbs, as General Partner

BEING ALL THE GENERAL PARTNERS

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing Affidavit was sworn to and subscribed before me this 16<sup>th</sup> day of May, 2000, by Patricia M. Hobbs [☒] who is personally known to me; or (☐) who has produced \_\_\_\_\_ as identification], as Co-Trustee of **THE PATRICIA M. HOBBS TRUST**, as General Partner.

Carolyn D. Olive  
Signature of Notary Public

Notary Stamp/Seal:



STATE OF FLORIDA  
COUNTY OF LEON

The foregoing Affidavit was sworn to and subscribed before me this 16<sup>th</sup> day of MAY, 2000,  
by **William M. Hobbs** [☒] who is personally known to me; or ( ) who has produced \_\_\_\_\_ as identification, as  
Co-Trustee of **THE PATRICIA M. HOBBS TRUST**, as General Partner, and individually, as General Partner.

Carolyn D. Olive

Signature of Notary Public

Notary Stamp/Seal:

FAOLIVE\HOBBS\LIMPP\CERTIF.LTD



FILED STATE  
SECRETARY OF CORPORATIONS  
MAY 30 AM 11:00

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTIONS 620.105 AND 620.192, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY LIMITED PARTNERSHIP, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 10 2000  
AM 11:00

1. The name of the Limited Liability Limited Partnership is:

**HOBBS FAMILY PARTNERSHIP, LLLP**

2. The name and address of the registered agent and the address of the registered office are:

William M. Hobbs  
375 Rob Roy Trail  
Tallahassee, Florida 32312

**THE PATRICIA M. HOBBS TRUST U/A/D  
May 16, 2000, as General Partner:**

By: Patricia M. Hobbs  
**Patricia M. Hobbs, as Co-Trustee**

By: William M. Hobbs  
**William M. Hobbs, as Co-Trustee**

William M. Hobbs  
**William M. Hobbs, as General Partner**

**BEING ALL THE GENERAL PARTNERS**

**ACCEPTANCE BY REGISTERED AGENT**

*Having been named as registered agent and to accept service of process for the above-stated Limited Liability Limited Partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Dated this 16th day of May, 2000.

William M. Hobbs  
**William M. Hobbs, Registered Agent**

PAOLIVEHOBBSLLMPPACERTIF.LTD