

WALKER & FAIRBANKS, P.A.
ATTORNEYS AND COUNSELORS AT LAW

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PLEASE REPLY TO:

P. O. Box 676

Ponte Vedra Beach, FL 32004-0676

JAMES V. WALKER

RANDAL C. FAIRBANKS

PHILLIP I. DILLINGHAM

(RETIRED)

PEGGY D. ADOLPHSON, C.L.A.

July 1, 2000

Attention: Limited Partnership Filing Section
Corporation Division
Post Office Box 6327
Tallahassee, Florida 32314

Re: Tebault Family Partnership, Ltd.

Ladies and Gentlemen:

Enclosed is the original and one copy of the Certificate of Limited Partnership (including the Affidavit of Contributions) for the above partnership to be filed in your office. Also enclosed is our check in the amount of \$1,785.00 to cover the following filing fees:

Filing Fee	\$1,750.00
Registered Agent fee	35.00
Total	\$1,785.00

Should you have any questions regarding this partnership, please do not hesitate to call. Please return the copy of the Limited Partnership Certificate to me at our post office box address.

Very truly yours,

WALKER & FAIRBANKS, P.A.



Peggy D. Adolphson
Certified Legal Assistant

pa
Enclosures

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-07/11/00--01012--002
***1785.00 ***1785.00

FILED
00 AUG -9 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 24, 2000

PEGGY D. ADOLPHSON
WALKER FAIRBANKS PA
P.O. BOX 676
PONTE VEDRA BEACH, FL 32004-0676

SUBJECT: TEBAUTL FAMILY PARTNERSHIP. LTD.
Ref. Number: W00000018380

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

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 000A00040250

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

TEBAULT FAMILY PARTNERSHIP, LTD.

This Certificate of Limited Partnership made and entered into this 28th day of June, 2000, by and between **TE-B-CO. of St. Augustine**, a Florida corporation, as the General Partner ("General Partner") and the Limited Partners ("Limited Partners"), whereby the parties hereto agree and form a Limited Partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

1. The name of the Limited Partnership is **Tebault Family Partnership, Ltd.**
2. The purpose of the Limited Partnership is to acquire and own, manage, trade, sell or otherwise hold or dispose of real and personal property of any kind and nature.
3. The principal place of business and the mailing address of the Limited Partnership is 170 San Marco Avenue, St. Augustine, Florida 32084.
4. The name and business address of the sole General Partner is: **TE-B-CO. of St. Augustine**, 170 San Marco Avenue, St. Augustine, Florida 32084. Document number K70071.
5. The name and address of the agent for service of process for the Limited Partnership shall be James V. Walker, 217 Ponte Vedra Park Drive, Suite 200, Ponte Vedra Beach, Florida 32082.
6. The Affidavit of Capital Contributions is attached hereto as Schedule A; the Limited Partners shall have no responsibility for additional contributions to the Partnership. The total of the anticipated contributions of the limited partners is \$4,000,000.00.
7. The Limited Partnership and limitation of liability of the Limited Partners shall commence on the date of filing with the Secretary of State of Florida and shall continue until December 31, 2030.

Under the penalties of perjury, I, the Secretary of the General Partner, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNER:

TE-B-CO. of St. Augustine

By: B.J. Tebault
B.J. Tebault, Secretary

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

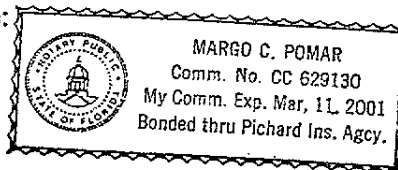
COUNTY OF St. Johns)

The foregoing Certificate of Limited Partnership was acknowledged before me this 28th day of June, 2000, by **B.J. Tebault**, the Secretary of TE-B-CO. of St. Augustine, a Florida corporation, [☒] who is personally known to me or [☐] who has produced _____ as identification, and who acknowledged that she signed such instrument of her own free will and on behalf of the corporation.

Margo C. Pomar
Notary Public, State of Florida at Large

Notary's printed or stamped name:

My commission expires:



ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated Limited Partnership at the place designated in this certificate, and being familiar with the duties and responsibilities as registered agent for said Limited Partnership, I hereby agree to act in this capacity and to comply with the provisions of said laws.

By: James V. Walker
James V. Walker, Registered Agent

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00 AUG -9 AM 8:22
CLERK OF COURT
TALLAHASSEE, FLORIDA

Schedule "A"
AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA)

COUNTY OF St. Johns)

The undersigned constituting all of the General Partners of Tebault Family Partnership, Ltd. hereby certify:

The amount of capital contributions to date to the Limited Partnership is \$4,000,000.00, and no other contributions are anticipated.

Under the penalties of perjury, I, the Secretary of the General Partner, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

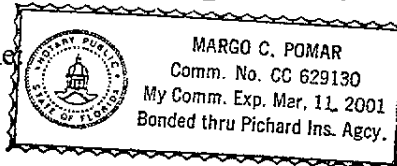
GENERAL PARTNER:

TE-B-CO. of St. Augustine

By: B.J. Tebault
B.J. Tebault, Secretary

Sworn to and subscribed to before me
this 28th day of June, 2000.

Margo C. Pomar
Notary Public, State of Florida
Notary's Stamped or Printed Name
My commission expires:



☒ Personally known
☐ Produced _____ as identification

FILED
00 AUG -9 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA