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August 28, 2000

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

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-08/29/00--01028--004
***1785.00 ***1785.00

Re: James and Jacqueline Ponce Family
Limited Partnership

Dear Sirs:

Enclosed are originals and copies of Certificate of Limited Partnership and Affidavit of Capital Contribution of James and Jacqueline Ponce Family Limited Partnership along with the Certificate Designating Registered Office to be filed. Please file these limited partnership papers and return stamped copies to me. A check payable to the Secretary of State for \$1,785.00 is enclosed to cover the fees.

If you have any questions, please do not hesitate to give us a call. Thank you very much for your cooperation and assistance.

Sincerely yours,

Kathy

KATHLEEN HOLBROOK COLD

FILED
00 AUG 29 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHC/rh

Enclosure

mtu

8/31

CERTIFICATE OF LIMITED PARTNERSHIP
AND AFFIDAVIT OF CAPITAL CONTRIBUTIONS

OF

JAMES AND JACQUELINE PONCE FAMILY LIMITED PARTNERSHIP

The undersigned general partner files this Certificate of Limited Partnership of James and Jacqueline Ponce Family Limited Partnership with the Florida Secretary of State pursuant to the requirements of Section 620.108 of the Florida Revised Uniform Limited Partnership Act (the "Act"), in order to form a Florida limited partnership.

.1. NAME. The name of the limited partnership is James and Jacqueline Ponce Family Limited Partnership.

.2. PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE OFFICE AT WHICH THE RECORDS REQUIRED TO BE MAINTAINED BY THE PARTNERSHIP UNDER THE ACT ARE KEPT IS: 57 Comares Avenue, St. Augustine, Florida 32084.

.3. REGISTERED AGENT OF THE LIMITED PARTNERSHIP WILL BE: David M. Ponce, whose business address is 57 Comares Avenue, St. Augustine, Florida 32084.

.4. NAME AND ADDRESS OF THE GENERAL PARTNER OF THE PARTNERSHIP ARE AS FOLLOWS:

<u>NAME</u>	<u>ADDRESS</u>
James A. Ponce, Sr. and Jacqueline S. Ponce as Co-Trustees of the Ponce Irrevocable Trust dated November 27, 1996	57 Comares Avenue St. Augustine, Florida 32084

.5. THE EFFECTIVE DATE OF THIS LIMITED PARTNERSHIP SHALL BE when this Certificate is filed with the Secretary of State.

.6. THE LATEST DATE UPON WHICH THE LIMITED PARTNERSHIP IS TO BE DISSOLVED AND ITS AFFAIRS WOUND UP WILL BE: December 31, 2046.

.7. CONTRIBUTIONS AND ANTICIPATED CONTRIBUTIONS OF LIMITED PARTNERS: The limited partners will make initial capital contributions for their partnership interest of \$198.00 and it is anticipated that the limited partners may make additional capital contributions of up to \$1,500,000.00.

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00 APR 29 PM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.8. AFFIRMATION. Each general partner hereby acknowledges that pursuant to the Act:

.8.1 The execution of this certificate by the general partner constitutes an affirmation under penalties of perjury that the facts stated herein are true;

.8.2 The general partner accepts the liability imposed by the Act on the general partner for a false statement contained in this certificate; and

.8.3 If, after the execution of this certificate a general partner knows that any arrangement or other fact described in this certificate has changed, making the statement inaccurate in any material respect, the general partner will forthwith cause this certificate to be canceled or amended, or file a petition for its cancellation or amendment pursuant to the terms of the Act.

EXECUTED as of this 11th day of August, 2000.

GENERAL PARTNER:

PONCE IRREVOCABLE TRUST
DATED NOVEMBER 27, 1996

James A. Ponce, Sr.
JAMES A. PONCE, SR.

Jacqueline S. Ponce
JACQUELINE S. PONCE

TRUSTEE

FILED
AUG 29 AM 8:02
SECRETARY OF STATE
ALBUQUERQUE, NEW MEXICO

STATE OF FLORIDA
COUNTY OF St. Johns

The foregoing was acknowledged before me this 11th day of August, 2000, by JAMES A. PONCE, SR. and JACQUELINE S. PONCE, as Trustees of the Ponce Irrevocable Trust dated November 27, 1996, who are (☒) personally known to me, or () who produced Florida Driver's Licenses as identification, and who did take an oath and personally appeared before me.



Gloria Mendolia
My Commission CC714525
Expires February 8, 2002

Gloria Mendolia
NOTARY PUBLIC, State of Florida
Print Name:
My Commission Expires:
Commission Number:

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

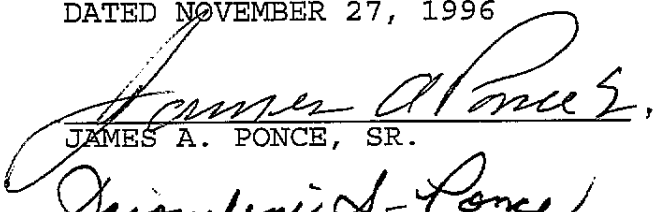
In compliance with Sections 48.091 and 620.105 Florida
Statutes, the following is submitted:

James and Jacqueline Ponce Family Limited Partnership,
desiring to organize or qualify under the laws of the State of
Florida hereby designates David M. Ponce as its registered Agent to
accept service of process within the State of Florida and the
address of its registered office shall be 57 Comares Avenue, St.
Augustine, Florida 32084.

DATED this 11th day of August, 2000.

GENERAL PARTNER:

PONCE IRREVOCABLE TRUST
DATED NOVEMBER 27, 1996


JAMES A. PONCE, SR.


JACQUELINE S. PONCE

TRUSTEES

Having been named as registered agent to accept service of
process for the above stated 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 statute 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 11th day of August, 2000.


DAVID M. PONCE