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826646183550-C

December 14, 2000

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
JAMES LEWIS COLLINS FAMILY LIMITED PARTNERSHIP

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

500003501545--7
-12/19/00--01021--005
*****2.00 *****2.00

500003501545--7
-12/14/00--01075--001
***1835.50 ***1835.50

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input checked="" type="checkbox"/>	Other - LP

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1785.00 LP
52.50 cert

FILED
DEC 14 PM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9

CERT - 2.00

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
JAMES LEWIS COLLINS FAMILY LIMITED PARTNERSHIP
A Florida Limited Partnership**

THE UNDERSIGNED, constituting the General Partner of the JAMES LEWIS COLLINS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereby files its Certificate of Limited Partnership in accordance with Chapter 620, Florida Statutes, as follows:

1. The name of the Partnership is the James Lewis Collins Family Limited Partnership.

2. The address of the office of the Partnership is: 1501 Ortiz Avenue, Fort Myers, Florida 33905.

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

James Lewis Collins
1501 Ortiz Avenue
Ft. Myers, FL 33905

4. The name and business address of the General Partner is as follows:

James Lewis Collins Enterprises, Inc.
1501 Ortiz Avenue
Ft. Myers, FL 33905

5. The mailing address of the Partnership is:

1501 Ortiz Avenue
Ft. Myers, FL 33905

6. The latest date upon which the Partnership will dissolve is December 31, 2050.

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under penalties of perjury that the facts stated herein are true.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO0000109398

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Limited Partnership of JAMES LEWIS COLLINS FAMILY LIMITED PARTNERSHIP as of this 30TH day of NOVEMBER, 2000.

GENERAL PARTNER:

JAMES LEWIS COLLINS ENTERPRISES, INC.
General Partner

BY: James Lewis Collins
President

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned authority, personally appeared James Lewis Collins, President of James Lewis Collins Enterprises, Inc., the General Partner of the JAMES COLLINS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (herein referred to as the "Partnership"), who upon being duly sworn, certified as follows:

1. As of the date hereof, the amount of capital contributions to the Partnership made by the Limited Partners is as follows:

\$ 5.00

2. The additional capital contributions anticipated to be contributed by additional Limited Partners is as follows:

\$ 1,360,000

3. Affiant has executed this Affidavit of Capital Contributions as the duly authorized representative of the General Partner of said Partnership.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER:
JAMES LEWIS COLLINS ENTERPRISES, INC.

By: James Lewis Collins
James Lewis Collins, President

STATE OF FLORIDA)
COUNTY OF LEE)

The foregoing instrument was acknowledged before me by JAMES LEWIS COLLINS, President of James Lewis Collins Enterprises, Inc., General Partner, who is personally known to me.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 30th day of November, 2000.



Ruth R. Redding
MY COMMISSION # CC951540 EXPIRES
October 30, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

Ruth R. Redding
Notary Public
My Commission Expires: 10/30/04

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for JAMES LEWIS COLLINS FAMILY LIMITED PARTNERSHIP, a Florida Limited Partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, on behalf of the Partnership, hereby agree to accept service of process and to comply with any and all statutes relative to the complete and proper performance of the duties of a registered agent.

REGISTERED AGENT:


JAMES LEWIS COLLINS

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