A00000002026

Stuart Goldberg
Requester's Name

2337 Centerpoint Blvd
Address

Tall. FL. 32308 222-4000
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Redd Family Partnership, LLLP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
00 DEC 27 PM 12:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/27

☐ Walk in ☑ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☑ Certificate of Status

000003514250--4
-12/27/00--01038--016
***1818.75 ***1793.75

NEW FILINGS

☐ Profit
☐ Not for Profit
☑ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☑ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

GP

CR2E031(7/97)

Examiner's Initials

Certificate of Limited Partnership of

REDD FAMILY PARTNERSHIP, LLLP

a Florida Limited Liability Limited Partnership

****

The undersigned General Partner, 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:

   REDD FAMILY PARTNERSHIP, LLLP (herein, the "Partnership").

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

   2727 Apalachee Parkway
   Tallahassee, Florida 32301

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

   Harry L. Redd
   2727 Apalachee Parkway
   Tallahassee, Florida 32301

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

   H.O. Redd,
   7115 Blountstown Highway
   Tallahassee, Florida 32310

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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 Partner 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 the General Partner of REDD FAMILY PARTNERSHIP, LLLP on this 27th day of December, 2000.

H.O. Redd,
General Partner

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned General Partner of **REDD FAMILY PARTNERSHIP, LLLP**, a Florida limited liability limited partnership (the "Partnership"), whose address is 2727 Apalachee Parkway, Tallahassee, Florida 32301, certifies as follows:

1. The amount of initial capital contributions to the Partnership made by the initial Limited Partners is $1,535,856.

2. Additional capital contributions are anticipated to be contributed by the Limited Partners to the Partnership in the amount of $0.

3. The total amount of initial and anticipated capital contributions to be contributed to the Partnership is $1,567,200.

FURTHER AFFIANT SAYETH NOT.

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

H O Redd

H.O. Redd,
General Partner

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TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTY OF LEON

The foregoing Affidavit was sworn to and subscribed before me this 27th day of December, 2000, by **H.O. Redd,** (✓ who has produced a Fla. Drivers lic as identification], as General Partner.

Yolanda Watkins
Signature

Yolanda Watkins
Type/Print Notary name

Notary Public

Commission No.

My Commission Expires:

Yolanda Watkins
MY COMMISSION # CC921712 EXPIRES
March 23, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

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TALLAHASSEE FLORIDA

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:

1. The name of the limited partnership is:

REDD FAMILY PARTNERSHIP, LLLP.

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

Harry L. Redd
2727 Apalachee Parkway
Tallahassee, Florida 32301

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TALLAHASSEE FLORIDA

H O Redd.

H.O. Redd,
General Partner

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 27th day of December, 2000.

Harry L Redd

Harry L. Redd
Registered Agent