

CCRS
103 N. N. ST. TALLAHASSEE, FL 32301
TALLAHASSEE, FL 32301
222-1117

A00000002027

FILING COVER SHEET
ACCT. #FCA-14

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-12/27/00--01038--003
****287.00 ****287.00

CONTACT: CINDY HICKS

DATE: 12-27-00

REF. #: 0399.14023

CORP. NAME: SBT ASSOCIATES, LTD.

- ☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION
☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME
☐ FOREIGN QUALIFICATION ☒ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY
☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL
☐ CERTIFICATE OF CANCELLATION ☐ UCC-1 ☐ UCC-3
☐ OTHER: _____

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 287.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

31K
12/27

FILED
00 DEC 27 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
00 DEC 27 AM 10:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
OF
SBJ ASSOCIATES, LTD.,
A FLORIDA LIMITED PARTNERSHIP**

THIS CERTIFICATE is executed on the 22nd day of Dec., 2000, with respect to the agreement of the SBJ ASSOCIATES, LTD., a Florida Limited Partnership ("the Partnership").

1. Name. The Partnership's name is SBJ ASSOCIATES, LTD., Florida Limited Partnership.

2. Partnership's Business. The Partnership's business is to acquire (by contribution and purchase), and manage, hold, sell and otherwise deal with stocks, bonds, partnership interests and other investment property and engage in any other investment activities as determined by the General Partners. The Partnership may also do all things not otherwise illegal under the laws of the State of Florida.

3. Registered Agent. The name and street address of the Partnership's registered agent is:

John A. Moran, Esquire
22 South Links Avenue
Suite 300
Sarasota, FL 34236

4. Specified Office. The mailing address and the principal place of business of the office at which its records are kept is:

7901 Campbell Road
Sarasota, Florida 34240

5. General Partners. The name and post office address of the General Partners are:

- (a) LARRY SCHLABACH and MARLA K. SCHLABACH, as Trustees of the LARRY SCHLABACH REVOCABLE TRUST u/a dtd September 14, 1999

7901 Campbell Road
Sarasota, Florida 34240

- (b) MARLA K. SCHLABACH and LARRY SCHLABACH, as Trustees of the MARLA K. SCHLABACH REVOCABLE TRUST u/a dtd September 14, 1999

7901 Campbell Road
Sarasota, Florida 34240

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Schlabach & Associates, Ltd.
Certificate of Limited Partnership
4741-2

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DEC 27 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Dissolution. The latest date on which the Limited Partnership is to be dissolved and its affairs wound up is December 31, 2050.

7. Effective Date. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the Certificate of Limited Partnership with the Florida Department of State.

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.

IN WITNESS WHEREOF this Certificate of Limited Partnership has been executed this 22nd day of December, 2000.

General Partner



LARRY SCHLABACH, as Trustee of the LARRY
SCHLABACH REVOCABLE TRUST dtd
September 14, 1999

7901 Campbell Road
Sarasota, Florida 34240

General Partner



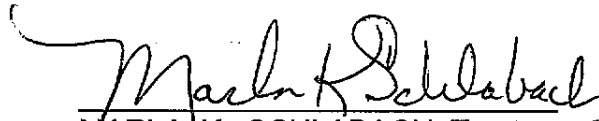
MARLA K. SCHLABACH, as Trustee of the LARRY
SCHLABACH REVOCABLE TRUST u/a dtd
September 14, 1999

7901 Campbell Road
Sarasota, Florida 34240

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TALLAHASSEE, FLORIDA

Schlabach & Associates, Ltd.
Certificate of Limited Partnership
4741-2

General Partner

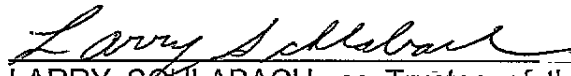


MARLA K. SCHLABACH Trustee of the MARLA K.
SCHLABACH REVOCABLE TRUST u/a dtd
September 14, 1999

7901 Campbell Road
Sarasota, Florida 34240

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

General Partner



LARRY SCHLABACH, as Trustee of the MARLA K.
SCHLABACH REVOCABLE TRUST u/a dtd
September 14, 1999

7901 Campbell Road
Sarasota, Florida 34240

THIS INSTRUMENT PREPARED BY:
JOHN A. MORAN, ESQUIRE
Florida Bar No. 0718335
DUNLAP & MORAN, P.A.
22 South Links Avenue, Suite 300
Post Office Box 3948
Sarasota, FL 34230-3948
Telephone: 941/366-0115

JAM:rem\F:4740-2\Schlabach Certificate of Limited Partnership.doc

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

Having been named as statutory Registered Agent for SBJ ASSOCIATES, LTD., a Florida Limited Partnership (the "Partnership", in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of Registered Agent.

12/22/00
Date

Registered Agent:


JOHN A. MORAN
22 South Links Avenue, Suite 300
Sarasota, FL 34236

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DEC 27 PM 1:06
00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIS INSTRUMENT PREPARED BY:
JOHN A. MORAN, ESQUIRE
Florida Bar No. 0718335
DUNLAP & MORAN, P.A.
22 South Links Avenue, Suite 300
Post Office Box 3948
Sarasota, FL 34230-3948
Telephone: 941/366-0115

AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA
COUNTY OF SARASOTA


BEFORE ME, the undersigned authority personally appeared LARRY SCHLABACH, as Trustee of the LARRY SCHLABACH REVOCABLE TRUST u/a dtd September 14, 1999, a General Partner of SBJ ASSOCIATES, LTD., a Florida Limited Partnership (the "Partnership"), who upon being duly sworn, certified as follows:

1. The amount of capital contribution to the Partnership made by the Limited Partners is in aggregate thirty six thousand and No/100 (\$36,000.00) Dollars
2. At this time it is anticipated that no additional capital contributions will be made by the Limited Partners.

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


LARRY SCHLABACH, Trustee, Affiant

SWORN TO AND SUBSCRIBED before me this 23rd day of December 2000 by LARRY SCHLABACH, as Trustee of the LARRY SCHLABACH REVOCABLE TRUST u/a dtd September 14, 1999.


Notary Public, State of Florida
Ruth E. McMahon
Print/Type/Stamp Commissioned Name of Notary Public

☒ Personally Known OR ☐ Produced Identification

Type of Identification Produced _____

