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MARLIN M. FEAGLE, P. A.  
ATTORNEY AT LAW

101 EAST MADISON STREET  
POST OFFICE BOX 1653  
LAKE CITY, FLORIDA 32056-1653

February 22, 2001

TELEPHONE  
(904) 752-7191  
FAX (904) 758-0950

fee \$910.00

00789-00524-00676-00671-00671

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

W01-4642

MJH

800003767708--7  
-02/26/01--01096--007  
\*\*\*\*875.00 \*\*\*\*875.00

Re: Feagle Family Limited Partnership

Gentlemen:

2/12

Enclosed for filing in accordance with Section 620.108, Florida Statutes, is the Feagle Family Limited Partnership, a Florida limited partnership, documents as follows:

- A. Original and one (1) copy of Certificate of Limited Partnership and
- B. Original and one (1) copy of Affidavit of Capital Contributions and  
declaring the amount of capital contributions of the limited partners, etc.

Also enclosed is check payable to the Department of State in the amount of \$875.00 calculated at the rate of \$7.00 per \$1,000.00 of capital contributions of the limited partners, minimum filing fee of \$52.50 pursuant to Section 620.182, Florida Statutes.

Please return a copy of the Certificate of Limited Partnership evidencing its filing in the self-addressed envelope which is enclosed.

Thank you for your usual courtesies.

Very truly yours,

  
Marlin M. Feagle

800003767708--7  
-03/12/01--01068--019  
\*\*\*\*35.00 \*\*\*\*35.00

MMF:dse

Enclosures

FF \$910

FILED  
MAR 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 28, 2001

MARLIN M. FEAGLE  
POST OFFICE BOX 1653  
LAKE CITY, FL 32056-1653

SUBJECT: FEAGLE FAMILY LIMITED PARTNERSHIP  
Ref. Number: W01000004642

We have received your document for FEAGLE FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$875.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the Certificate of Limited Partnership is \$910.00, which includes \$875.00 based on the contributions, at a rate of \$7 per \$1000, and \$35.00 fee to designate the Registered Agent.,

There is a balance due of \$35.00.

The registered agent must sign accepting the designation.

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 201A00012584

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**OF**  
**FEAGLE FAMILY LIMITED PARTNERSHIP**  
a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1996), hereby states:

1. The name of the partnership is **FEAGLE FAMILY LIMITED PARTNERSHIP**.
2. The address of the office of the partnership is 101 East Madison Street, Post Office Box 1653, Lake City, Florida 32056-1653.
3. The name and address of the agent for the service of Process on the partnership is: **MARLIN M. FEAGLE**, 101 East Madison Street, Lake City, Florida 32055.
4. Name and specific address of General Partner: **MARLIN M. FEAGLE**, 101 East Madison Street, Post Office Box 1653, Lake City, Florida 32056-1653.
5. The mailing address of the partnership is: Post Office Box 1653, Lake City, Florida 32056-1653.
6. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2050.

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 on behalf of the General Partner of **FEAGLE FAMILY LIMITED PARTNERSHIP** this 22 day of February, 2001.

Signed, sealed and delivered  
in the presence of:

Diane S. Edenfield  
Witness

DIANE S. EDENFIELD

Print or type name

Diane Lee

Witness

16m. Lee

Print or type name

Marlin Feagle  
**MARLIN M. FEAGLE**  
General Partner

FILED  
01 MAR 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned, constituting all of the general partners of the **FEAGLE FAMILY LIMITED PARTNERSHIP**, a Florida Limited Partnership, certify:

1. The amount of capital contributions to date of the Limited Partners is  
\$ 0.

2. The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$125,000.00


Further Affiant sayeth not.

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

Executed this 22 day of February, 2001.

Marlin M. Feagle  
MARLIN M. FEAGLE

**SWORN TO AND SUBSCRIBED** before me this 22<sup>nd</sup> day of February, 2001, by **MARLIN M. FEAGLE** who is personally known to me.

 Diane S. Edenfield  
MY COMMISSION # CC734169 EXPIRES  
May 26, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.  
(NOTARIAL SEAL)

Diane S. Edenfield  
Notary Public, State of Florida

My Commission Expires:

**ACCEPTANCE OF APPOINTMENT**  
**AS A REGISTERED AGENT**

Having been named as registered agent for the **FEAGLE FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership, (the "Partnership"), in the Certificate of Limited Partnership, I, on behalf of the Partnership, hereby agree 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, including Florida Statutes, Section 620.192.

Dated this 22<sup>nd</sup> day of February, 2001.

**REGISTERED AGENT:**

*Marlin M. Feagle*  
**MARLIN M. FEAGLE**