

CCRS
103 N. MERIDIAN STREET, LOWE LEVEL
TALLAHASSEE, FL 32304
222-1173

FILING COVER SHEET
ACCT. #FCA-14

A01000001313

FILED
01 SEP 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: CINDY HICKS

DATE: 9-28-01

REF. #: 0174.2302

CORP. NAME: THE KOEBERNUSZ FAMILY
LIMITED PARTNERSHIP

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: | | |

400004617184--5
-10/01/01-01011-003
****787.50 ****787.50

STATE FEES PREPAID WITH CHECK# 18028 FOR \$ 787.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

LP - 735.00

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | GET 52.50 | |

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE KOBERNUSZ FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

01 SEP 28 AM 10:29
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE KOBERNUSZ FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

2326 Little Country Road
Parrish, FL 34219

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

E. WILLIAM KOBERNUSZ
2326 Little Country Road
Parrish, FL 34219

4. The name and business address of the general partners are as follows:

E. WILLIAM KOBERNUSZ, as Trustee of the E. WILLIAM
KOBERNUSZ LIVING TRUST u/a/d August 9, 1999 and
PENELOPE T. KOBERNUSZ as Trustee of the PENELOPE T.
KOBERNUSZ LIVING TRUST u/a/d August 9, 1999
2326 Little Country Road
Parrish, FL 34219

5. The mailing address of the Partnership is:

2326 Little Country Road
Parrish, FL 34219

6. The latest date upon which the Partnership shall dissolve is December 31, 2051 unless the term of the Partnership is further extended by a Majority in Interest of the Partners as defined in the Limited Partnership Agreement.
7. 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 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 by E. WILLIAM KOBERNUSZ, as Trustee of the E. WILLIAM KOBERNUSZ LIVING TRUST u/a/d August 9, 1999 and PENELOPE T. KOBERNUSZ as Trustee of the PENELOPE T. KOBERNUSZ LIVING TRUST u/a/d August 9, 1999, the general partners of THE KOBERNUSZ FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 24th day of September, 2001.

WITNESSES:

Bruce M. Dell

E. William Kobernusz
E. WILLIAM KOBERNUSZ, as Trustee of
the E. WILLIAM KOBERNUSZ LIVING
TRUST u/a/d August 9, 1999

W. H. Porter

as to General Partner

Bruce M. Dell

Penelope T. Kobernusz
PENELOPE T. KOBERNUSZ, as Trustee of
the PENELOPE T. KOBERNUSZ LIVING
TRUST u/a/d August 9, 1999

W. H. Porter

as to General Partner

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE KOBERNUSZ FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, I, hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192 of the Florida Statutes.

Date: 9/24/01

E. William Kobernusz
E. WILLIAM KOBERNUSZ, Registered Agent

STATE OF FLORIDA)
COUNTY OF SARASOTA)

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01 SEP 28 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared E. WILLIAM KOBERNUSZ, as Trustee of the E. WILLIAM KOBERNUSZ LIVING TRUST u/a/d August 9, 1999, and PENELOPE T. KOBERNUSZ as Trustee of the PENELOPE T. KOBERNUSZ LIVING TRUST u/a/d August 9, 1999, the general partners of THE KOBERNUSZ FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is \$100,000.00.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

WITNESSES:

Barbara Houser

E. William Kobernusz

E. WILLIAM KOBERNUSZ, as Trustee of
the E. WILLIAM KOBERNUSZ LIVING
TRUST u/a/d August 9, 1999

Whely Park

As to General Partner

Barbara Houser

Penelope T. Kobernusz

PENELOPE T. KOBERNUSZ, as Trustee of
the PENELOPE T. KOBERNUSZ LIVING
TRUST u/a/d August 9, 1999

Whely Park

As to General Partner

GENERAL PARTNERS"

Subscribed and acknowledged before me this 24th day of September, 2001, by E. WILLIAM KOBERNUSZ, as Trustee of the E. WILLIAM KOBERNUSZ LIVING TRUST u/a/d August 9, 1999, who is personally known to me or who has produced as identification and who did not take an oath.

Barbara Houser

Notary Public

Print Name: Barbara Houser

My Commission expires:



Subscribed and acknowledged before me this 24th day of September 2001, by PENELOPE T. KOBERNUSZ, as Trustee of the PENELOPE T. KOBERNUSZ LIVING TRUST u/a/d August 9, 1999, who is personally known to me ~~or who has produced~~ as ~~identification~~ and who did not take an oath.

Barbara Houser
Notary Public
Print Name: Barbara Houser

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CLERK OF STATE
TALLAHASSEE, FLORIDA

My Commission expires:

