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A01006001326

October 3, 2001

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Earl M. Lovelace, Sr. and Beatrice Lovelace Family Limited Partnership

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ 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

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

RECEIVED  
01 OCT 3 AM 10:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

BK

900004621199--2  
10/03/01--01016--023  
\*\*\*1785.00 \*\*\*1785.00

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

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

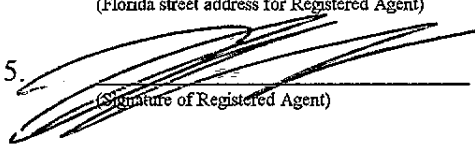
OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

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

X LP

FILED  
01 OCT -3 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF PARTNERSHIP  
OF  
EARL M. LOVELACE, SR. AND BEATRICE LOVELACE FAMILY  
LIMITED PARTNERSHIP, a Florida limited partnership**

1. Earl M. Lovelace, Sr. and Beatrice Lovelace Family Limited Partnership  
(Name of Limited Partnership)
2. 7911 Harney Road, Tampa, FL 33637  
(Business Address of Limited Partnership)
3. Robert S. Hobbs  
(Name of Registered Agent for Service of Process)
4. 3719 Swann Avenue, Tampa, Florida 33609  
(Florida street address for Registered Agent)
5.   
(Signature of Registered Agent)
6. 3719 Swann Avenue, Tampa, Florida 33609  
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2050.
8. Name of general partner is: Beatrice Lovelace  
Specific Address: 7911 Harney Road  
Tampa, FL 33637

THIS CERTIFICATE is executed by the undersigned for the purposes declared herein on the 2<sup>nd</sup> day of October, 2001.

Signature of general partner:

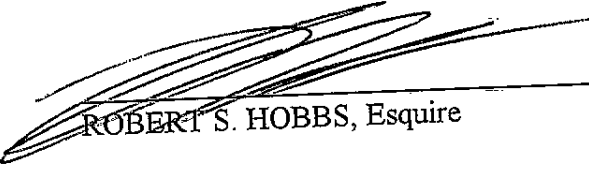
  
BEATRICE LOVELACE

Executed on behalf of the Limited Partnership pursuant to Florida Statute, Section 620.116(1).

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
OF  
EARL M. LOVELACE, SR. AND BEATRICE LOVELACE FAMILY LIMITED  
PARTNERSHIP, a Florida limited partnership

THE UNDERSIGNED, does hereby accept the appointment as Registered Agent of the  
above named partnership as provided for in Florida Statute Section 620.105.

  
ROBERT S. HOBBS, Esquire

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CLERK OF DISTRICT COURT  
MILLANASSE, FLORIDA

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

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TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**  
**EARL M. LOVELACE, SR. AND BEATRICE LOVELACE FAMILY LIMITED**  
**PARTNERSHIP, a Florida limited partnership**  
**(The "Limited Partnership")**

COMES NOW THE UNDERSIGNED, (The "Affiant"), who for the purpose of providing this instrument to accompany the Certificate of Limited Partnership of the Limited Partnership pursuant to the provisions of Florida Statutes, Section 620.108(1), swears and deposes as follows:

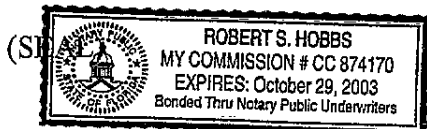
1. The Affiant is familiar with the affairs and plans of the Limited Partnership, and
2. The amount of capital contributions to date of the limited partners is \$0.00. The total amount contributed by the limited partners at this time is \$3,842,922.00.

FURTHER AFFIANT SAYETH NOT.

*Beatrice Lovelace*

BEATRICE LOVELACE, General Partner

SWORN TO AND SUBSCRIBED before me this 2nd day of October, 2001, by BEATRICE LOVELACE, who [☒] is personally known to me or who [☐] has produced \_\_\_\_\_ as identification and did take an oath.



*[Signature]*  
Notary Public, State of Florida  
**ROBERT S. HOBBS**

Type/Print Name

My Commission expires: