

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32311
222-1173

FILING COVER SHEET
ACCT. #FCA-14

AG1000001468

CONTACT: CINDY HICKS

200004664212--8
-11/02/01--01039--005
****917.88 ****917.88

DATE: 11-2-01

REF. #: 0672.3011

CORP. NAME: AL Clark, Limited Partnership

FILED
01 NOV -2 PM 1:11 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV -2 AM 11:23

- | | | |
|--|---|--|
| <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: _____ | | |

STATE FEES PREPAID WITH CHECK# 500611 FOR \$ 917.88

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

BK
COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

**CERTIFICATE OF LIMITED PARTNERSHIP OF
AL CLARK, LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida:

1. Name of Partnership. The name of the Partnership shall be **AL CLARK, LIMITED PARTNERSHIP.**

2. Address of Recordkeeping Office; Agent for Service of Process. The records to be kept pursuant to *Florida Statutes* Section 620.106 shall be located at **4890 West Kennedy Boulevard, Suite 850, Tampa, Florida 33609**, and the name of the Partnership's agent for service of process at said address is **Matthew J. Bray.**

3. Name and Business Address of the General Partner. The name and address of the General Partner are as follows:

<u>Name</u>	<u>Address</u>
MJ BRAY, LLC, <i>L01000018652</i> a Florida limited liability company	4890 West Kennedy Boulevard, Suite 850 Tampa, Florida 33609

4. Mailing Address for the Limited Partnership. The mailing address for the Limited Partnership shall be **4890 West Kennedy Boulevard, Suite 850, Tampa, Florida 33609.**

5. Term. The term for which the Partnership is to exist shall be fifty (50) years from the filing of this Certificate in the Office of the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Partnership Agreement for **AL CLARK, LIMITED PARTNERSHIP.**

DATED this 31st day of October, 2001.

GENERAL PARTNER:

MJ BRAY, LLC,
a Florida limited liability company

By: *MB*
Matthew J. Bray, as the sole Manager

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Limited Partnership, at the place designated herein, 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.

MB
MATTHEW J. BRAY

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TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
AL CLARK, LIMITED PARTNERSHIP**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **MATTHEW J. BRAY**, being the sole Manager of **MJ BRAY, LLC**, a Florida limited liability company, the sole General Partner of **AL CLARK, LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership"), who, upon being sworn, certifies as follows:

6. The limited partner has contributed \$124,875.00 of capital to the Partnership.

7. It is anticipated that no additional capital shall be contributed by the limited partner in the future.

DATED this 31st day of October, 2001.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the undersigned declares that he has read the foregoing and that the facts alleged are true, to the best of his knowledge and belief.

GENERAL PARTNER:

MJ BRAY, LLC,
a Florida limited liability company

By: *MB*
Matthew J. Bray, as the sole Manager

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 31st day of October, 2001, **MATTHEW J. BRAY**, being the sole Manager of **MJ BRAY, LLC**, a Florida limited liability company, the sole General Partner of the Partnership, who is personally known to me or who produced _____ as identification.

Delia Hancock Miller

Notary Public
Print Name:

Delia Hancock Miller

Commission No:

Delia Hancock Miller

My Commission Expires

Commission # 00 868525

Expires Oct. 20, 2003

Bonded Thru
Atlantic Bonding Co., Inc.

