

A01 0000 01580

Requester's Name
233 E. Bay St. #901
Address
Jacksonville, Fl. 32202
City/State/Zip Phone #

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-11/08/01--01015--007
***175.00 ***87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 NOV 30 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A01-1580
OK

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 13, 2001

MARK TIPPINS
233 E. BAY STREET #901
JACKSONVILLE, FL 32202

SUBJECT: THE BARD #3 FAMILY LIMITED PARTNERSHIP
Ref. Number: W01000026039

We have received your document for THE BARD #3 FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 001A00061295

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. THE BARD #3 FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 8568 San Jose Blvd. Jacksonville, Florida 32217
(Business address of Limited Partnership)
3. EDWIN J. BARD
(Name of Registered Agent for Service of Process)
4. 8568 San Jose Blvd. Jacksonville, Florida 32217
(Florida street address for Registered Agent)
5. ✓ *Edwin J. Bard*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 8568 San Jose Blvd. Jacksonville, Florida 32217
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2075

8. Name(s) of general partner(s): _____ Street address: _____

<u>BARD MANAGEMENT, L.L.C.</u>	<u>8568 San Jose Blvd.</u>
<u>100-15200</u>	<u>Jacksonville, Florida 32217</u>

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

Signed this 20th day of _____ NOVEMBER, 2001.

Signature of all general partners:

✓ *Edwin J. Bard*
General Partner

BARD MANAGEMENT, L.L.C., by Edwin J. Bard, its managing member

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____

THE BARD # 3

FAMILY LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 1,000.00

Signed this 20th day of NOVEMBER 2001

FURTHER AFFIANT SAYETH NOT.

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

✓ Edwin J. Bard

General Partner
BARD MANAGEMENT, L.L.C.
by its managing member, EDWIN J. BARD

General Partner

General Partner

General Partner

General Partner

General Partner

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