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600 W. Dr. ML King, Jr. Blvd.
Plant City, FL 33566-5117 USA

City/State/Zip

Phone #

700005663397--0

-06/03/02--01008--001

1750.00 *344.40

Office Use Only

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

1. The Closshey Family Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FF\$344.40

- ☐ 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

02 JUN - 7 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

VB-1002

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

The undersigned general partners of the Closshey Family Limited Partnership

_____, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 2,774,201.00

This 28th day of May, 2002

FURTHER AFFLIANT SAYETH NOT.

*Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the
best of my knowledge and belief.*

General Partner(s)

CLOSSHEY ENTERPRISES, INC., General Partner

By: 

Jennifer E. Closshey, President

Fees:

\$7 per \$1000, based on additional
contributions
Minimum \$ 52.50
Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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