

CORP/DIRECT/AGENCY/C...
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301
222-1173

A02000000866

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

DATE:

REF. #:

CORP. NAME:

() ARTICLES OF INCORPORATION

() ANNUAL REPORT

() FOREIGN QUALIFICATION

() REINSTATEMENT

() CERTIFICATE OF CANCELLATION

() OTHER:

() ARTICLES OF AMENDMENT

() TRADEMARK/SERVICE MARK

☒ LIMITED PARTNERSHIP

() MERGER

() UCC-1

() ARTICLES OF DISSOLUTION

() FICTITIOUS NAME

() LIMITED LIABILITY

() WITHDRAWAL

() UCC-3

STATE FEES PREPAID WITH CHECK# 1001 FOR \$ 96.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

400005302794--2
-06/21/02--01025--027
*****96.25 *****96.25

COST LIMIT: \$

PLEASE RETURN:

() CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

☒ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials

FILED

02 JUN 21 PM 2:12 RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 02 JUN 21 PM 4:50

RECEIVED

02 JUN 21 AM 10:08

DEPT. OF REVENUE
DIVISION OF CORPORATE SERVICES
TALLAHASSEE, FLORIDA 32301
06/21/02 11:00 AM

A02-866
OK



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 21, 2002

CORPDIRECT AGENTS, INC

SUBJECT: SUTTON FAMILY FLORIDA LIMITED PARTNERSHIP
Ref. Number: W02000018198

FILED
02 JUN 21 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SUTTON FAMILY FLORIDA LIMITED PARTNERSHIP and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 602A00040320

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SUTTON FAMILY INVESTMENTS 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 Sutton Family Investments Limited Partnership.

2. **ADDRESS OF RECORDKEEPING OFFICE; AGENT FOR SERVICE OF PROCESS.** The records to be kept pursuant to *Florida Statute* Section 620.106 shall be located at 3314 W. Mullen Avenue, Tampa, Florida 33609, and the name of the Partnership's agent for service of process at said address is Michael D. Annis.

3. **NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER.** The name and address of the General Partner is as follows:

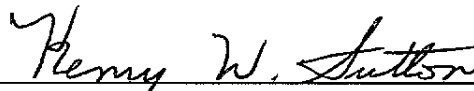
NAME	ADDRESS
Henry W. Sutton	P. O. Box 925 Tifton, GA 31793

4. **MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS FOR THE LIMITED PARTNERSHIP.** The mailing address for the Limited Partnership shall be located at 3314 W. Mullen Avenue, 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 Sutton Family Florida Limited Partnership.

DATED this 10 day of JUNE, 2002.

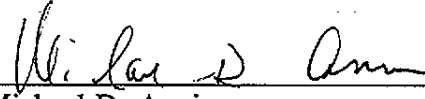
GENERAL PARTNER:


Henry W. Sutton

02 JUN 21 PM 2:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within 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.


Michael D. Annis

02 JUN 21 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

I, Henry W. Sutton, the sole General Partner of Sutton Family Investments Limited Partnership, a Florida limited partnership, hereinafter referred to as the "Partnership," who, upon being sworn, certifies as follows:

1. The limited partners have contributed \$100.00 of capital to the Partnership.
2. It is anticipated that \$ 0.00 of contributions shall be contributed by the limited partners in the future.

This 10 day of JUNE, 2002.

FURTHER AFFIANT SAYETH NOT.

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.

GENERAL PARTNER:

Henry W. Sutton
Henry W. Sutton

STATE OF GEORGIA
COUNTY OF TIFT

The foregoing instrument was acknowledged before me this 10, day of JUNE, 2002, by HENRY W. SUTTON, the sole General Partner of Sutton Family Florida Limited Partnership, on behalf of the limited partnership, who is personally known to me or who has produced _____ as identification and who did take an oath.

Kay Ray
NOTARY PUBLIC
Name: _____
Commission No. _____
My Commission Expires: _____

KAY RAY
Notary Public, Tift County, Georgia
My Commission Expires July 18, 2002

FILED

02 JUN 24 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA