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Peter D. Loguidice, Esquire

8074 - D Severn Drive Boca Raton, FL 33433 (561) 483-0605

Master of Laws in Taxation	Master	of Laws	s in Taxation	
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Offices also located in: Daytona Beach, FL

June 26, 2002

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

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Re: Wall Family Limited Partnership

Please find enclosed for filing with the Department of State the following:

Bax DI-

- 1. Certificate of the Wall Family Limited Partnership;
- 2. Affidavit of Capital Contributions to the Wall Family Limited Partnership; and,
- 3. Acknowledgement and Acceptance of Agent for Service of Process of the Wall Family Limited Partnership.

Further enclosed is a check in the amount of \$1,750.00 for the filing fee for the Certificate of the Wall Family Limited Partnership and the Affidavit of Capital Contributions, and a money order in the amount of \$35.00 for the filing fee for the Acknowledgement and Acceptance of the Registered Agent for the Partnership.

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Acknowledgement and Acceptance of the Registered Agent for the Partnership.

Please contact me should you have any comments or questions. Lastly, please forward on the acknowledgment and any other documentation to my attention at the address noted of the acknowledgment and any other documentation to my attention at the address noted of the Registered Agent for the Partnership.

Name above.

Availability

Thank you for your consideration in this matter.

Document Examiner

Kindest Regar is,

Updater

Updater

Verifyer Peter D. Löguidice, Esquire

Actino procent Norbert F and Gail A. Wall

W. P. Verifyer DCC

Enc.

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\$10,000,000,000

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Peter D. Loguidice, Esquire

8074 - D Severn Drive Boca Raton, FL 33433 Phone: (561) 483-0605

Master of Laws in Taxation

Offices also located in: Daytona Beach, FL

- SENT VIA FACSIMILE -

July 11, 2002

Florida Department of State Division of Corporations Attention: Diane Cushing PO Box 6327 Tallahassee, FL 32314

Re:

Wall Family Limited Partnership

Ref. #: W02000019396

Dear Ms. Cushing:

The purpose of this correspondence is to clarify a fee deficit with regard to the above referenced limited partnership filing.

Please find attached to this fax a copy of the correspondence you sent to my office that requests an additional filing fee of \$1,732.50. Further attached to this fax are copies of a check in the amount of \$1,750.00 and a money order in the amount of \$35.00. The total filing fees for the Wall Family Limited Partnership are \$1,785.00. It is my understanding that the check was processed by the Department for the amount of \$17.50, instead of \$1,750.00, thus causing the \$1,732.50 filing fee deficit.

Please review your records and advise me as to how this error can be rectified without my client having to issue the Department another check. I may be reached at (561) 870-5855. I appreciate you time and consideration of this matter.

With regards,

Peter D. Loguidice, Esquire

Enc.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 3, 2002

PETER D. LOGUIDICE, ESQUIRE 8074 - D SEVERN DRIVE BOCA RATON, FL 33433

SUBJECT: WALL FAMILY LIMITED PARTNERSHIP

Ref. Number: W02000019396

We have received your document for WALL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

We need a total fee of \$1,785.00. So therefore, we will need an additional \$1,732.50.

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) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 102A00042110

CERTIFICATE OF THE WALL FAMILY LIMITED PARTNERSHIP

THIS CERTIFICATE is executed on June <u>Al</u>, 2002, with respect to the agreement of THE WALL FAMILY LIMITED PARTNERSHIP ("the Partnership").

1. Name and Address. The Partnership's name is THE WALL FAMILY LIMITED PARTNERSHIP and its office address and mailing address is:

700 N.E. Savanna Vista Jensen Beach, FL 34957

- 2. Partnership's Business. The Partnership will engage in any type of business that is lawful under the laws of the State of Florida and the laws of the United States of America.
- 3. Registered Agent. The name and post office address of the Partnership's registered agent is:

Gail A. Wall 700 N.E. Savanna Vista Jensen Beach, FL 34957

4. Specified Office. The post office address of the office at which the Partnership's records are kept is:

700 N.E. Savanna Vista Jensen Beach, FL 34957

5. Partners. The name and post office address of each General Partner of the Partnership is:

Norbert F. Wall 700 N.E. Savanna Vista Jensen Beach, FL 34957

Gail A. Wall 700 N.E. Savanna Vista Jensen Beach, FL 34957

6. <u>Dissolution</u>. The latest date on which the Partnership is to be dissolved and its affairs wound up is December 31, 2102.

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SECRETARY OF STATE
TALL AHASSEF, FLORIO

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IN WITNESS WHEREOF, the undersigned General Partners have signed this Certificate, on the day and year first above written.

STATE OF FLORIDA

:ss.

COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 2, day of June, 2002, by Norbert F. Wall, who is personally known to me or provided a driver's license as identification.



Michael Gorsen Commission # CC 978697 Expires Oct. 31, 2004 Bonded Thru Atlantic Bonding Co., Inc.

Notary Public, State of Florida

My Commission Expires:

STATE OF FLORIDA

:ss.

COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 2/ day of June, 2002, by Gail A. Wall, who is personally known to me or provided a driver's license as identification.

Michael Gorsen lommission # CC 978697 Expires Oct. 31, 2004 Bonded Thru Atlantic Bonding Co., Inc.

Motary Public, State of Florida

My Commission Expires:

STATE OF FLORIDA

:ss.

COUNTY OF MARTIN

COMES NOW the Affiants, Norbert F. Wall and Gail A. Wall, and after being duly sworn state as follows:

The amount of the capital contributions to THE WALL FAMILY LIMITED PARTNERSHIP by its Limited Partners is zero as of this date. The total amount of anticipated capital contributions to be contributed to THE WALL FAMILY LIMITED PARTNERSHIP by its Limited Partners is as follows:

Norbert F. Wall

\$5,000,000

Gail A. Wall

\$5,000,000

FURTHER THE AFFIANTS SAYETH NOT

Norbert È.

General Partner

General Partner

The foregoing instrument was acknowledged before me this 2/ day of June, 2002, by Norbert F. Wall, Affiant, who is personally known to me or provided a driver's license as identification.

Michael Gorsen Commission # CC 978697 Expires Oct. 31, 2004 Bonded Thru Atlantic Bonding Co., Inc.

Notary Public, State of Florida

My Commission Expires:

The foregoing instrument was acknowledged before methis 2ℓ day of June, 2002, by Gail A. Wall, Affiant, who is personally known to me or provided a driver's license as identification.

Michael Gorsen
Commission # CC 978697
Expires Oct. 31, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

Notary Public, State of Florida My Commission Expires:

02 JUL -2 AMII: 11

ACKNOWLEDGEMENT AND ACCEPTANCE OF

AGENT FOR SERVICE OF PROCESS

The undersigned, Gail A. Wall, with her principal place of business at 700 N.E. Savanna Vista, Jensen Beach, Florida, 34957, hereby acknowledges and accepts the obligations and duties of the registered agent for THE WALL FAMILY LIMITED PARTNERSHIP as provided under the Florida Statutes.

STATE OF FLORIDA

:ss.

COUNTY OF MARTIN

The foregoing Acknowledgement and Acceptance of Agent Service of Process was executed and acknowledged before me this 2/ day of June 2002, by GAIL A. WALL.

Michael Gorsen mmission # CC 978697 Atlantic Bonding Co., Inc.

Notary Public, State of Florida My Commission Expires: