

A02000001020

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

385-6735

(Phone #)

OFFICE USE ONLY

500006557905--9
-07/22/02--01062--009
***1810.00 ***1785.00

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

1. SHELMAR, LLLP (Corporation Name) (Document #) W02-21
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	LLC
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

LP = 1785⁰⁰

Examiner's Initials

STENSTROM, McINTOSH, COLBERT, WHIGHAM & SIMMONS, P.A.
ATTORNEYS AND COUNSELLORS AT LAW

SUNTRUST BANK • SUITE 22
200 WEST FIRST STREET
POST OFFICE BOX 4848
SANFORD, FLORIDA 32772-4848
SANFORD (407) 322-2171
ORLANDO (407) 834-5119
DELAND (407) 668-1479
FAX (407) 330-2379
WWW.STENSTROM.COM

WILLIAM L. COLBERT
FRANK C. WHIGHAM
CLAYTON D. SIMMONS
ROBERT K. McINTOSH
WILLIAM E. REISCHMANN, JR.
CATHERINE D. REISCHMANN
JAMES J. PARTLOW
VIRGINIA CASSADY
SUSAN W. STACY

S. KIRBY MONCRIEF
LONNIE N. GROOT
OF COUNSEL

DOUGLAS STENSTROM
KENNETH W. McINTOSH
RETIRED

THOMAS E. WHIGHAM
(1952-1988)

July 16, 2002

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 26 PM 3:41

Re: Shelmar, LLLP

Dear Sir or Madam:

Enclosed for filing are the following with their appropriate filing fee notes:

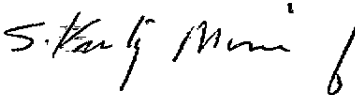
- | | | |
|----|--|------------|
| 1. | Affidavit and Certificate of Limited Partnership | \$1,750.00 |
| 2. | Resident Agent Fee | \$ 35.00 |
| 3. | Statement of Qualifications | \$ 25.00 |

A check in the amount of \$1,810.00 is enclosed, together with a copy of the first page of the Partnership Agreement for date stamping and returning in the envelope provided.

If you have any questions, please do not hesitate to give me a call.

Very truly yours,

STENSTROM, McINTOSH, COLBERT,
WHIGHAM & SIMMONS, P.A.


S. Kirby Moncrief

SKM/jh

encls.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 22, 2002

FILINGS, INC.

SUBJECT: SHELMAR, LLLP
Ref. Number: W02000021101

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 JUL 26 PM 3:41

We have received your document for SHELMAR, LLLP and your check(s) totaling \$1810.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please note that we are also returning your Statement of Qualification, because it cannot be filed until your Affidavit and Certificate are filed.,

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 802A00044632

AFFIDAVIT AND CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner hereby makes, acknowledges, swears to and files this Certificate of Limited Partnership for the SHELMAR OF OVIEDO, LLLP, hereinafter referred to as the "Partnership."

1. **Name of Partnership.** The name of the Partnership is the SHELMAR OF OVIEDO, LLLP

2. **Address.** The address of the office of the Partnership is 6365 Lake Charm Circle, Oviedo, Florida 32765, and the name of the Agent for service of process located at that address is Miriam W. Bruce.

3. **Character of Business.** The business and purpose of the Partnership is to acquire, own and lease partnership interests and real property and improvements and otherwise deal in and with such property or any part thereof, and to carry on such other business activities permitted by the laws of the State of Florida or any other state or jurisdiction in which it is legally entitled to operate.

4. **Mailing Address and Location of Principal Place of Business.** The principal place of business of the Partnership shall be located at 6365 Lake Charm Circle, Oviedo, Florida 32765, or at such other place or places as the General Partner may, from time to time, determine. The mailing address is 6365 Lake Charm Circle, Oviedo, Florida 32765.

5. **Name and Address of General Partner.**

The name and business address of the General Partner is as follows:

E. P. BRUCE and MIRIAM W. BRUCE
as General Partners,
6365 Lake Charm Circle
Oviedo, Florida 32765

6. **Term.** The Partnership shall commence on the date of filing of this Certificate. The Partnership shall terminate on the 31st day of December, 2022, unless sooner terminated as provided in the Agreement of Limited Partnership.

7. **Contribution of Limited Partners.** The amount of cash and agreed value of property contributed by the Limited Partners, including the amount

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 26 PM 3:41

anticipated to be contributed, is One Hundred Seventy-Six Thousand Dollars - (\$176,000.00).

8. **Additional Contributions.** The Limited Partners shall have no responsibility or liability for additional contributions to the capital of the Partnership.

9. **Return of Contributions.** The contribution of each Partner is to be returned upon termination of the Partnership.

10. **Division of Profits.** Net profits and losses of the Partnership for any year shall be allocated to Partners in accordance with the Partnership Agreement.

11. **Assignee of Limited Partner.** No Limited Partner shall have a right to substitute an assignee as a contributor in his place except with the prior written consent of the General Partner and as provided in the Partnership Agreement.

12. **Additional Limited Partners.** No additional Limited Partners may be admitted, except with the consent of the General Partner and in accordance with the Partnership Agreement.

13. **Continuation of Business of Partnership.** In the event of death, incompetency, bankruptcy, or retirement of the General Partner, the Limited Partners shall have the right to continue the Partnership by admitting a new General Partner to the Partnership as provided in the Partnership Agreement.

14. **Return of Contribution Other than Cash.** No Limited Partner shall have the right to demand and receive property other than cash in return for his contribution, but in the sole discretion of the General Partner there may be distributions in kind.

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
2002 JUL 26 PM 3:41

IN WITNESS WHEREOF, the General Partner has hereunto set her hand and seal as of the 26th day of June, 2002.

Signed in the presence of:

Mary E. Smith
Print Name: Mary E. Smith
Virginia E. Hamlin
Print Name: VIRGINIA E. HAMLIN

E. P. Bruce
E. P. BRUCE, as
General Partner

STATE OF FLORIDA
COUNTY OF SEMINOLE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared E. P. BRUCE, to me personally known.

WITNESS my hand and official seal in the County and State aforesaid this 27 day of June, 2002.

Virginia E. Hamlin
NOTARY PUBLIC

VIRGINIA E. HAMLIN
Notary Public, State of Florida
My comm. exp. Jan. 25, 2005
Comm. No. CC 991778

Mary E. Smith
Print Name: Mary E. Smith

Virginia E. Hamlin
Print Name: VIRGINIA E. HAMLIN

Miriam W. Bruce
MIRIAM W. BRUCE, as
General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 26 PM 3:41

STATE OF FLORIDA
COUNTY OF SEMINOLE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared MIRIAM W. BRUCE, personally known.

WITNESS my hand and official seal in the County and State aforesaid this 27 day of June, 2002.

Virginia E. Hamlin
NOTARY PUBLIC

VIRGINIA E. HAMLIN
Notary Public, State of Florida
My comm. exp. Jan. 25, 2005
Comm. No. CC 991778

ACCEPTANCE OF RESIDENT AGENT

I CERTIFY that I am a permanent resident of Seminole County, Florida, residing at the place indicated above. I hereby accept the foregoing designation as Resident Agent.

Signed on June 26, 2002.

Miriam W. Bruce
MIRIAM W. BRUCE, Resident Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 26 PM 3:42