

A02000001405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

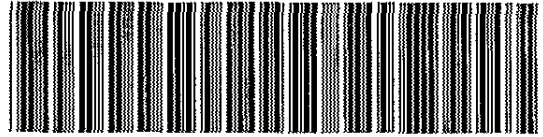
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SP

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BCR Family Limited Partnership

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
✓ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
✓ Photo Copy \_\_\_\_\_  
✓ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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**CERTIFICATE OF LIMITED PARTNERSHIP**  
**of**  
**B.C.R. FAMILY LIMITED PARTNERSHIP II**

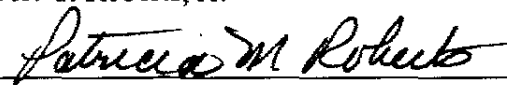
The undersigned, desiring to form a limited partnership, pursuant to the Florida Uniform Limited Partnership Act as set forth in Section 620.01, et seq., Florida Statutes, do hereby certify:

1. The name under which such partnership is to be conducted is B.C.R. Family Limited Partnership II.
2. The character of the business intended to be transacted by the partnership is to acquire, hold and manage real and personal property in the State of Florida and elsewhere, and to otherwise carry on any business permitted by law.
3. The location of the principle place of business is 4634 Carlton Dunes, Unit 14, Amelia Island, Florida 32034, and the mailing address of the partnership is the same.
4. The street address of the initial registered office of this partnership in Florida shall be 200 West Forsyth Street, Suite 1200, Jacksonville, FL 32202, and its initial registered agent at that address shall be George E. Ridge.
5. The names and business addresses of the general partners of the partnership are as follows:

NAME	BUSINESS ADDRESS
Bert C. Roberts, Jr.	4634 Carlton Dunes, Unit 14 Amelia Island, Florida 32034
Patricia M. Roberts	4634 Carlton Dunes, Unit 14 Amelia Island, Florida 32034

IN WITNESS WHEREOF, the undersigned general partners have executed this certificate this 18<sup>th</sup> day of October, 2002.

  
\_\_\_\_\_  
Bert C. Roberts, Jr.

  
\_\_\_\_\_  
Patricia M. Roberts

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### ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for B.C.R. Family Limited Partnership II, a Florida limited partnership, at the place designated in the foregoing Certificate of Limited Partnership of said partnership, I hereby accept such appointment and agree to act in this capacity, and agree to comply with the provisions of law relating to keeping said office open. I further acknowledge acceptance of the obligations imposed upon registered agents by section 620.192, Florida Statutes.

  
George E. Ridge, Registered Agent

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STATE OF FLORIDA  
COUNTY OF DUVAL

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

The undersigned, constituting the general partners of B.C.R. Family Limited Partnership II, a Florida Limited Partnership, do hereby certify as follows:


The amount of capital contributions to date of the limited partnership is \$0.00.

The total amount contributed and anticipated to be contributed to the limited partnership by the limited partners at this time totals \$900,000.00.

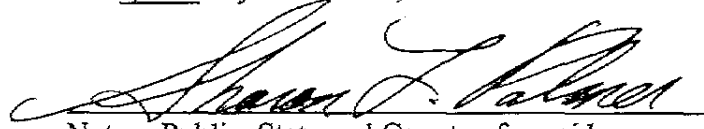
FURTHER AFFIANT SAYETHS NOT.

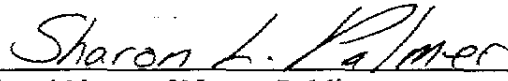
Under the penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief, this 18<sup>th</sup> day of October, 2002.

  
Bert C. Roberts, Jr.

  
Patricia M. Roberts

Sworn to and subscribed before me  
this 18<sup>th</sup> day of October, 2002.

  
Notary Public, State and County aforesaid

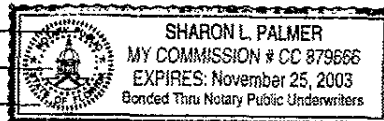
  
Printed Name of Notary Public

My commission expires: \_\_\_\_\_

Affiant personally known to me: \_\_\_\_\_

Affiant produced identification: \_\_\_\_\_

Type of identification, if any: \_\_\_\_\_



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