

A02000001623

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

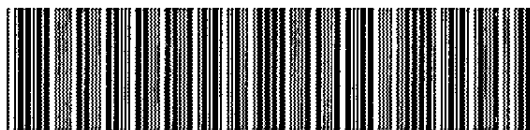
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300009173663

12/06/02--01003--028 \*\*35.00

12/02/02--01086--011 \*\*1802.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC -6 AM 8:42

FILED

12/9  
11/8

**NORRIS, KOBERLEIN & JOHNSON, P.A.**

**ATTORNEYS AT LAW**  
253 N.W. MAIN BOULEVARD  
P.O. DRAWER 2349  
LAKE CITY, FL 32056-2349

John E. Norris  
Frederick L. Koberlein \*  
Guy W. Norris  
Leandra G. Johnson

Tel: (386) 752-7240  
Fax: (386) 752-1577  
\* Certified Mediator

November 27, 2002

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

*Re: Moore Family Enterprises, Ltd.*

Gentlepersons:

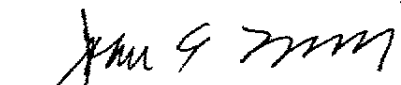
Please find enclosed the following:

1. Certificate of Limited Partnership of Moore Family Enterprises, Ltd.;
2. Affidavit of Capital Contributions;
3. Cashier's Check number 5313 in the amount of \$1802.50 for filing fee and certified copy.

Please forward the certified copy to this office.

Thank you for your courtesies.

Sincerely yours,

  
John E. Norris

JEN:ssr

/enclosures

cc: Mr. Andrew T. Moore

**FILED**  
02 DEC -6 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CERTIFICATE OF LIMITED PARTNERSHIP

OF

**MOORE FAMILY ENTERPRISES, LTD.**

1. The Name of the Limited Partnership is "Moore Family Enterprises, Ltd."
2. The Street Address of the Limited Partnership is U.S. Highway 90 West, Lake City, Florida 32055.
3. The Name of the Registered Agent for Service of Process is Andrew T. Moore.
4. The Street Address of the Registered Agent is U.S. Highway 90 West, Lake City, Florida 32055
5.   
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. The Mailing Address of the Limited Partnership is Post Office Box 1647, Lake City, Florida 32056-1647
7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2050.
8. Name of general partner: Street Address

Andrew T. Moore U.S. Highway 90 West  
Lake City, Florida 32055

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 47<sup>th</sup> day of <sup>NOVEMBER</sup> June, 2002.

Signature of general partner:

General Partner

FILED  
02 DEC -6 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR FLORIDA LIMITED PARTNERSHIPS**

*The undersigned constituting all of the general partners of Moore Family Enterprises, Ltd.,  
a Florida Limited Partnership, certify:*

The amount of capital contributions to date of the limited partners is \$3,300,000.00.

The total amount of contributed and anticipated to be contributed by the limited partners at  
this time totals \$3,300,000.00.

Signed this 4<sup>th</sup> day of ~~June~~ <sup>NOVEMBER</sup>, 2002.

FURTHER AFFIANT SAYETH NOT.

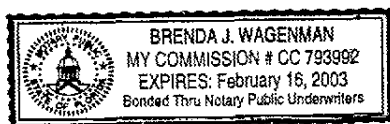
*Under the penalties of perjury I declare that I have read the foregoing and know the contents  
thereof and that the facts stated herein are true and correct.*

AT  
General Partner

STATE OF FLORIDA, COUNTY OF COLUMBIA, ss.

~~June~~ <sup>Nov</sup> The foregoing instrument was acknowledged before me on the 4<sup>th</sup> day of  
~~June~~, 2002, by Andrew T. Moore, who is personally known to me, or presented  
as identification.

NOTARY PUBLIC



Sign: Brenda J. Wagenman

Print: Brenda J. Wagenman

State of Florida at Large (Seal)

My Commission Expires:

FILED  
02 DEC - 8 AM 8:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE