

A02000000/720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

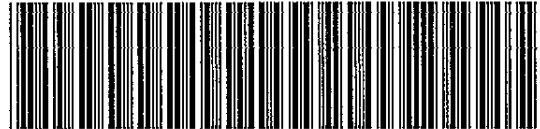
(Business Entity Name)

(Document Number)

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12/18/02--01044--001 **185.50

12/26/02--01053--027 **14.00

RECEIVED
02 DEC 18 AM 11:44
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W02
J. BRYAN DEC 18 2002

J. BRYAN DEC 26 2002



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 18, 2002

ATTORNEYS' TITLE

SUBJECT: THE COOTIE SISTES AND FRIENDS LIMITED PARTNERSHIP
Ref. Number: W02000035379

We have received your document for THE COOTIE SISTES AND FRIENDS LIMITED PARTNERSHIP and your check(s) totaling \$185.50. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$14.00.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan
Document Specialist
Tax Liens

Letter Number: 102A00066639

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ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

- 1- THE COOTIE SISTERS AND FRIENDS LIMITED PARTNERSHIP
- 2-
- 3-
- 4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<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"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. THE COOTIE SISTERS AND FRIENDS LIMITED PARTNERSHIP

(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 881 NORTH U.S. HIGHWAY 17, YULEE, FLORIDA, 32097

(Business address of Limited Partnership)

3. KIMBERLY A. CARTER, DVM

(Name of Registered Agent for Service of Process)

3669 SOUTH SPRINGHILL ROAD, FERNANDINA BEACH, FL 32034

4. _____

(Florida street address for Registered Agent)

✓ 5. Kimberly A Carter, DVM
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 881 NORTH U.S. HIGHWAY 17, YULEE, FL 32097

(Mailing Address of the Limited Partnership)

JANUARY 1, 2033.

7. The latest date upon which the Limited Partnership is to be dissolved is: _____

8. Name(s) of general partner(s):

KIMBERLY A. CARTER, DVM

Street address:

3669 SOUTH SPRINGHILL ROAD
FERNANDINA BEACH, FL 32034

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

✓ Signed this 15th day of December, 2002

Signature of all general partners:

✓ Kimberly A Carter, DVM
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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DIVISION OF CORPORATIONS

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

The undersigned constituting all of the general partners of THE COOTIE SISTERS
AND FRIENDS LIMITED PARTNERSHIP

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 23,500.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 23,500.00.

✓ Signed this 15th day of December, 2002.

FURTHER AFFIANT SAYETH NOT.

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

✓ Kimberly A Carter, DVM
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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