

A030000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

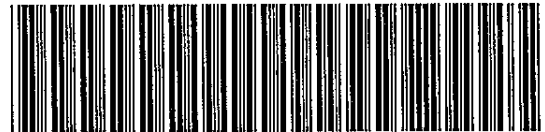
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03 JAN 7 PM 1:20

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A03-40
OK

CAPITAL CONNECTION, INC.

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

RW of Gilchrist County, Ltd.

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DIVISION OF CORPORATION

Signature

Requested by:

Name SS Date 1/7/03 Time 12:42

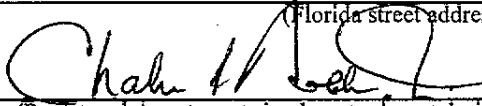
Walk-In _____ Will Pick Up _____

- ____ 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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TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

1. RW OF GILCHRIST COUNTY, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 2700-A NW 43rd Street, Gainesville, FL 32606
(Business address of Limited Partnership)
3. Charles I. Holden, Jr.
(Name of Registered Agent for Service of Process)
4. 2772-S NW 43rd Street, Gainesville, FL 32606
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 2700-A NW 43rd Street, Gainesville, FL 32606
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2032
8. Name(s) of general partner(s): _____ Street address: _____

William D. Olinger, III

2700-A NW 43rd Street
Gainesville, FL 32606

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TALMADGE, FLORIDA

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 30th day of December, 2002.

Signature of all general partners:


General Partner
William D. Olinger, III

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of _____
_____ RW OF GILCHRIST COUNTY, LTD. _____,

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 1,976,600.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 1,976,600.00 .

Signed this 30th 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.*

William D. Olinger, III
General Partner
William D. Olinger, III

General Partner

General Partner

General Partner

General Partner

General Partner

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STATE
TALLAHASSEE
FLORIDA

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