A0300000613

(Requestor's Name) (Address) (Address)	700015037087	
(City/State/Zip/Phone #) PICK-UP		
Acknowledgement DCC W. P. Verifyer DCC 35	and other	

JONATHAN W. SHIRLEY, P.A.

ATTORNEY AND COUNSELOR AT LAW 171 CIRCLE DRIVE

MAITLAND, FLORIDA 32751

JONATHAN W SHIRLEY

BOARD CERTIFIED TAX LAWYER

ADMITTED IN FLORIDA,
WEST VIRGINIA &
VIRGINIA

TELEPHONE (407) 629-8333 FACSIMILE (407) 629-8252

April 10, 2003

SENT VIA OVERNIGHT MAIL

Florida Department of State Division of Corporations Attention: New Filing Section 409 East Gaines Street Tallahassee, Florida 32301

Re: Bowyer Family Limited Liability Limited Partnership RRLP

Gentlemen:

Enclosed are two (2) originals of the Certificate of Limited Partnership, Affidavit of Capital Contributions, and a Statement of Qualification for Florida Limited Liability Limited Partnership in the above-referenced matter. I have also enclosed a check in the amount of One Hundred Seventy Two Dollars (\$172.00) in payment of the Fifty Two Dollars and Fifty Cents (\$52.50) filling fee, Thirty Five Dollars (\$35.00) fee for designation of registered agent; Fifty Two Dollars and Fifty Cents (\$52.50) for the Certified Copy; Twenty Five Dollars (\$25.00) for the filling fee for the Statement of Qualification, and Seven Dollars (\$7.00) for the contribution fee. Once the Limited Liability Limited Partnership has been filed, a certified copy should be returned to this office.

If you have any questions, please contact me. Thank you.

Sincerely,

Jonathan W. Shirley

JWS/lp Enclosures

cc: Mr. James Bowyer (with enclosures)

BOWYER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned General Partner files this Certificate of Limited Partnership of Bowyer Family Limited Liability Limited Partnership with the Florida Department of State in order to form a Limited Liability Limited partnership pursuant to §620.108 of the Florida Revised Limited Partnership Act (1986) (the "Act").

- 1. Name. The name of the limited partnership is Bowyer Family Limited Liability Limited Partnership.
- 2. General Partner. The name and the business address of the General Partner of the Limited Partnership are:

James W. Bowyer 520 South Magnolia Avenue Orlando, FL 32801

- 3. Recordkeeping Office. The address of the office at which the respects of the partnership are maintained pursuant to the Act is 520 South Magnolia Avenue, Orlando, Florida 32801.
- 4. Registered Agent and Registered Office. The name and address of the agent for service of process is James W. Bowyer, 520 South Magnolia Avenue, Orlando, Florida 32801.
- 5. <u>Partnership Mailing Address</u>. The mailing address for the limited partnership is 520 South Magnolia Avenue, Orlando, Florida 32801.
- 6. <u>Latest Dissolution Date</u>. The latest date upon which the limited partnership is to dissolve is January 1, 2050.
 - 7. Affirmation. The General Partner hereby acknowledges that pursuant to the Act:
- (a) The execution of this Certificate by the General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true;
- (b) The General Partner accepts the liability imposed by the Act on a General Partner for a false statement contained in this Certificate; and
- (c) If, after the execution of this Certificate, the General Partner knows that any arrangement or other fact described in this Certificate has changed, making the statement inaccurate in any material respect, the General Partner will forthwith cause this Certificate to be canceled or

amended, or file a petition for its cancellation or amendment pursuant to the Act.

Executed this _31 day of March, 2003.

By: James W Bowyer, General Partner

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

James W. Bowyer 520 South Magnolia Avenue Orlando, Florida 32801 O3 APR 14 PN 40 OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated Limited Partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

James W. Bowyer, Registered Agent

a:\Partnership.Certificate

BOWYER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

1. <u>Capital Contributions</u> . The undersigned sole General Partner of B	owyer Family
Limited Liability Limited Partnership leclares the total amount of the Capital	Contributions
of the Limited Partners to the Limited Partnership to be \$-0-, and the total amount	ant of Capital
Contributions contributed and anticipated at this time to be contributed by the Limite	ed Partners to
the Limited Partnership to be Four Hundred Ninety Dollars (\$490.00).	
2. <u>Affirmation</u> . The General Partner hereby acknowledges that pursuant	to the Act:
(a) The execution of this Affidavit by the General Partner of	constitutes an
affirmation under the penalties of perjury that the facts stated herein are true.	
(b) The General Partner accepts the liability imposed by the Act	on a General
Partner for a false statement contained in this Affidavit.	7 .0 0
	O3 SEC
(c) If, after the execution of this Affidavit, the General Partner know	striat any fact
described in this Affidavit has changed, making the statement inaccurate in any materi	
General Partner will forthwith cause this Affidavit to be supplemented by filing a affidavit with the Department of State pursuant to the Act.	Subhefferes
amazit with the Department of State pursuant to the Act.	PN 4:00
Executed by the General Partner on the date set forth below.	유 <u>구</u>
Encoured by the Control of the date but form color.	

W. Bowyer, sole General Partner

Date: March 31, 2003