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SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 12 AM 10:07

Edgar M. Moore

(Requestor's Name)

3500 Financial Plaza, Suite 202

(Address)

(Address)

Tallahassee, FL 32312 850/386-7789

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Horseshoe Road Financial
Center, L.L.C.

(Business Entity Name)

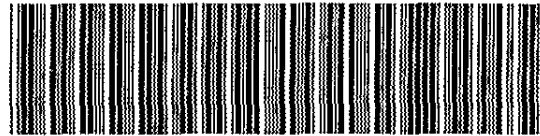
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03 JUN 12 AM 9:51
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AL

CERTIFICATE OF LIMITED PARTNERSHIP AND
AFFIDAVIT OF CAPITAL CONTRIBUTIONS OF
THOMASVILLE ROAD FINANCIAL CENTER, L.L.L.P.

03 JUN 12 AM 10:07

This Certificate of Limited Partnership is submitted in compliance with Section 620.108, Florida Statutes (2003).

1. The name of the limited partnership is Thomasville Road Financial Center, L.L.L.P.
2. The mailing address of the limited liability limited partnership is as follows:

c/o Robert R. Deison, Managing General Partner
3500 Financial Plaza, Suite 201
Tallahassee, FL 32312
3. The address of the office and the name and address of the agent for service of process is as follows:

c/o Robert R. Deison
3500 Financial Plaza, Suite 201
Tallahassee, FL 32312
4. The name and the business address of the general partners of the limited partnership are as follows:

Robert R. Deison
3500 Financial Plaza, Suite 201
Tallahassee, FL 32312

Thomas H. Deison
3500 Financial Plaza, Suite 201
Tallahassee, FL 32312
5. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2053.
6. The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$4,500,000.00.

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Executed this 10 day of June

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 12 AM 10:07



ROBERT R. DEISON
General Partner



THOMAS H. DEISON
General Partner

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 10 day of June, 2003, by ROBERT R. DEISON, who is personally known to me or who has produced N/A as identification.



NOTARY PUBLIC, STATE OF FLORIDA



Linda J. Campbell
MY COMMISSION # CC951022 EXPIRES
July 16, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Print, Type or Stamp Name of Notary

STATE OF FLORIDA,

COUNTY OF LEON.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 12 AM 10:07

The foregoing instrument was acknowledged before me this
16 day of June, 2003, by THOMAS H. DEISON, who is personally
known to me or who has produced N/A
as identification.

Linda J. Campbell

NOTARY PUBLIC, STATE OF FLORIDA



Linda J. Campbell
MY COMMISSION # CC951822 EXPIRES
July 16, 2004

Print, Type or Stamp Name of Notary

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 12 AM 10:07

Pursuant to the provisions of Section 620.105, Florida Statutes, the undersigned limited partnership submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Partnership is: Thomasville Road Financial Center, L.L.L.P.
2. The name and the Florida street address of the registered agent and office are: Robert R. Deison, 3500 Financial Plaza, Suite 201, Tallahassee, FL 32312.

THOMASVILLE ROAD FINANCIAL CENTER,
L.L.L.P.

By: _____

ROBERT R. DEISON, MANAGING
GENERAL PARTNER

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY 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.

SIGNATURE: _____

ROBERT R. DEISON

DATE: _____

6-10-03