

A030000 00901

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500020697685

06/17/03--01042--016 **1793.75

RECEIVED
03 JUN 17 AM 11:15
DETROIT
MICHIGAN
TALLAHASSEE, FLORIDA

Handwritten signature

FILED
03 JUN 17 PM 4:06
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY

DATE: 6-17-03

REF. #: 0170.16958

CORP. NAME: CROWLEY FAMILY PARTNERSHIP II, LTD.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 62878 FOR \$ 1,793.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|---|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input checked="" type="checkbox"/> PLAIN STAMPED COPY | |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | |

Examiner's Initials





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 17, 2003

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: CROWLEY FAMILY PARTNERSHIP II, LTD.
Ref. Number: W03000017344

FILED
JUN 17 PM 4:00
TALLAHASSEE, FLORIDA
PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We have received your document for CROWLEY FAMILY PARTNERSHIP II, LTD. and your check(s) totaling \$1793.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,793.75 payment.

In Item 2 on the affidavit, you must specify a DEFINITE MONEY AMOUNT.

We cannot accept "exceeds \$250,000.00".

Please note that the partnership will be required to file a SUPPLEMENTAL AFFIDAVIT and to possibly pay a fee as high as \$1,750.00 if the total anticipated amount you declare is ever surpassed.

Therefore, it would be to the partnership's advantage to declare an amount in Item 10, that you know will never be surpassed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Corporate Specialist

Letter Number: 903A00037347

*Buck,
Please issue refund
application for \$1,793.75*

CERTIFICATE OF LIMITED PARTNERSHIP OF
CROWLEY FAMILY PARTNERSHIP II, LTD.

FILED
03 JUN 17 PM 4:04
SARASOTA COUNTY CLERK
TALLAHASSEE, FLORIDA

The undersigned hereby organizes a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act, and pursuant to the following Certificate of Limited Partnership:

1. The name of the limited partnership is CROWLEY FAMILY PARTNERSHIP II, LTD. (the "Limited Partnership").

2. The mailing address of the Limited Partnership is 2000 Webber Street, Sarasota, Florida, 34239.

3. The name and address of the initial registered agent for service of process is TIMOTHY M. CROWLEY, 2000 Webber Street, Sarasota, Florida, 34239.

4. The office at which the records of the Limited Partnership will be maintained is 2000 Webber Street, Sarasota, Florida, 34239.

5. The name and business address of the sole general partner is TIM CROWLEY, L.L.C., 2000 Webber Street, Sarasota, Florida, 34239.

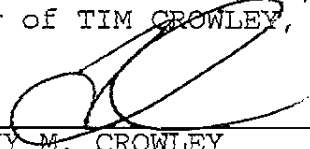
C03000017159

6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2052.

WHEREFORE, the undersigned, being the sole general partner of the Limited Partnership, hereby execute this Certificate of Limited Partnership, and the undersigned Registered Agent hereby acknowledges he is familiar with, and accepts, the obligations of registered agent of this Limited Partnership, all as of this day of June 12, 2003.

"GENERAL PARTNER"

By: 
TIMOTHY M. CROWLEY, as the sole
member of TIM CROWLEY, L.L.C.


TIMOTHY M. CROWLEY

"Registered Agent"

FILED
JUN 12 PM 4:04
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, constituting the sole general partner of CROWLEY FAMILY PARTNERSHIP II, Ltd., a Florida limited partnership, certifies as follows:

1. The amount of capital contributions of the limited partners to date is \$0.00.

2. The total amount contributed and anticipated to be contributed by the limited partners at this time is \$1,000.00.

Dated this 12th day of June, 2003.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, the sole general partner of CROWLEY FAMILY PARTNERSHIP II, Ltd., a Florida limited partnership, declares that they have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNER:

By: TIMOTHY M. CROWLEY, as the sole member of TIM CROWLEY, L.L.C.