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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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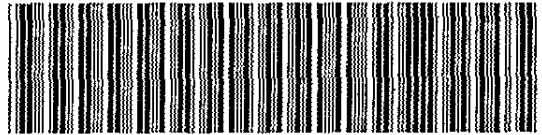
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LAW OFFICES  
**AMARI & THERIAC, P.A.**

Attorneys and Counselors At Law

Reply to: Cocoa Post Office Box

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July 25, 2003

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

**Re: Lynch Family Limited Partnership, LLLP**

**Our File No.: 03-0194**

Dear Sir or Madam:

Enclosed for filing with regards to the above named limited partnership are the following original documents:

1. Certificate of Limited Partnership;
2. Affidavit of Capital Contribution; and
3. Statement of Qualification for Florida Limited Liability Partnership

Also, enclosed is our client's check payable to the Secretary of State in the amount of \$1,818.75 to cover the following:

Filing fee:	\$1,750.00
Registered Agent Designation:	\$ 35.00
Certificate of Status:	\$ 8.75
Statement of Qualification:	\$ 25.00

Please return a Certificate of Status to the undersigned at the post office box noted above. If you have any questions concerning the foregoing, please call me at 321-639-1320.

Sincerely,

Amari & Theriac, P.A.

By: \_\_\_\_\_

Matthew J. Monaghan, Esquire

MJM/lac  
Enclosures  
cc: Dr. and Mrs. Kevin Lynch

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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
LYNCH FAMILY PARTNERSHIP, LLLP**

The undersigned, desiring to form a limited partnership in accordance with the Florida Revised Uniform Limited Partnership Act and being duly sworn does certify as follows:

1. The name of the limited partnership is:

LYNCH FAMILY PARTNERSHIP, LLLP.

2. The business address of the limited partnership is:

7 Country Club Road  
Cocoa Beach, Florida 32931

3. The name of the Registered Agent of the limited partnership is:

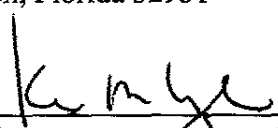
Kevin Lynch

4. The Florida street address of the Registered Agent for Service of Process is:

7 Country Club Road  
Cocoa Beach, Florida 32931

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5. By signing here I agree to accept designation as  
Registered Agent for Service of Process.



6. The mailing address of the limited partnership is:

7 Country Club Road  
Cocoa Beach, Florida 32931

7. The latest date upon which the limited partnership is to be dissolved is:

December 31, 2033

8. Names and addresses of the general partner:

Lynch Management, LLC  
7 Country Club Road  
Cocoa Beach, Florida 32931

L 03-27140

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

Signed this 25th day of July, 2003.

**GENERAL PARTNER:**

**LYNCH MANAGEMENT, LLC**, a Florida limited liability company

By:

  
KEVIN M. LYNCH, Manager

By:

  
JULIE M. LYNCH, Manager

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**AFFIDAVIT OF CAPITAL CONTRIBUTION**

The undersigned constituting the Managers of LYNCH MANAGEMENT, LLC, a Florida limited liability company, General Partner of the LYNCH FAMILY PARTNERSHIP, LLLP, a Florida limited liability limited partnership, hereby certify:

The amount of capital contributions to date of the limited partners is One Million Two Hundred and 00/100 Dollars (\$1,271,407.00). The amount contributed and anticipated to be contributed by the limited partners at this time totals Five Million and 00/100 Dollars (\$5,000,000.00).

Signed this 25th day of July, 2003.

**FURTHER AFFIANT SAYETH NOT.**

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

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**GENERAL PARTNER:**

**LYNCH MANAGEMENT, LLC**, a Florida limited liability company

By: \_\_\_\_\_

KEVIN M. LYNCH, Manager

By: \_\_\_\_\_

JULIE M. LYNCH, Manager