# A03000001242

# Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000263950 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

Prom:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number: 120000000257
Phone: (850)224-8870

Fax Number : (850)224-7047

03 AUG 29 PM 12: 06

# FLORIDA LIMITED PARTNERSHIP

NATIONAL INSURANCE OF AMERICA, LLLP

	<u>:</u>
Certificate of Status	0
Certified Copy	U
Page Count	01
Estimated Charge	\$1,785.00

Electronic Filing, Menu.

Componete Filing

Rublic Access Help

& ar

#### H03000263950 5

### CERTIFICATE OF LIMITED PARTNERSHIP

## NATIONAL INSURANCE OF AMERICA, LLLP

### LIMITED PARTNERSHIP a Florida Limited Partnership

Name of Limited Partnership. The name under which the Partnership is to be conducted is:

NATIONAL INSURANCE OF AMERICA, LLLP

Business Address of Limited Partnership. The business address of the Limited Partnership is:

> 8701 Merrimore Blud. East Largo, FL 33777

Name of Registered Agent. The name and address in Florida of the Registered Agent 3.

is:

Robert E. Childress 8701 Merrimore Blud. East Large, FL 33777

Mailing Address of Limited Partnership. The mailing address of the Limited Partnership is:

B701 Merrimore Blud. Fast
Large, FL 33777

Dissolution Date. The latest date upon which the Limited Partnership is to be dissolved is:

December 31, 2099

General Partners. The name and address of each General Partner is: 6.

> SOVEREIGN GROUP, LLC L A Florida Corporation

Number: L03000031568

H03000263950 5

# H03000263950 5

7. Other Matters. Any other matters the Partners determine to include therein.

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

Signed this 22 day of \_

\_, 2003.

By: Robert E. Childress, Manager

Robert P Children Canaral Partner

For: SOVEREIGN GROUP, LLC

General Partner

O3 AUG 29 PM 2: 23

H03000263950 5

#### m03000263950 5

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the General Partners of NATIONAL INSURANCE OF AMERICA, LLLP, a Florida Limited Partnership, certifies:

The amount of capital contributions to date of the partners is \$ \$

The total amount contributed and anticipated to be contributed by the Partners at this time totals up to \$50 million (\$50,000,000.00) dollars.

Signed this <u>12</u> day of

August

, 2003.

# FURTHER AFFIANT SAYETH NOT.

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

By: Robert E. Childress, Manager

For: SOVEREIGN GROUP, LLC

General Partner

O3 AUC 29 PM 2: 23

H03000263950 5