

A040000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

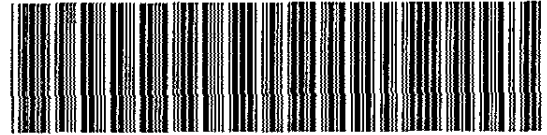
(Document Number)

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

Special Instructions to Filing Officer:

CORAFLLP

Office Use Only



800025717298

01/05/04--01009--005 \*\*157.50

~~01/05/03--01009--004 \*\*157.50~~

FILED  
03 DEC 31 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13K

FILED  
03 DEC 31 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP**

1231 

FILED  
DEC 31 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ **CERTIFIED COPY**

**CUS**

**PHOTO COPY**

☒ **FILING**

*Limited Partnership*

1.) *Tommy Brock Family, Ltd.*  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

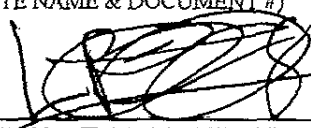
3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

RECEIVED  
03 DEC 31 AM 10:35  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**SPECIAL INSTRUCTIONS**

  
LP 105.00  
CERT 52.50

**CERTIFICATE OF LIMITED PARTNERSHIP OF**  
**TOMMY BROCK FAMILY, LTD.**

FILED  
03 DEC 31 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WHEREAS, the undersigned, desires to form a limited partnership (to be known as "**Tommy Brock Family, Ltd.**") pursuant to the provision of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be **Tommy Brock Family, Ltd.**

2. Office and Agent for Service of Process: The record keeping office for the Partnership shall be 3536 Tommy Brock Place, Plant City, Florida 33566. The agent for the service of process is Thomas G. Brock and his address is 3536 Tommy Brock Place, Plant City, Florida 33566. The Partnership may change its record keeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Name and Business Address of General Partner: The name and address of the General Partner is as follows:

Brock Farms, Inc.  
3536 Tommy Brock Place  
Plant City, Florida 33566

906000117550

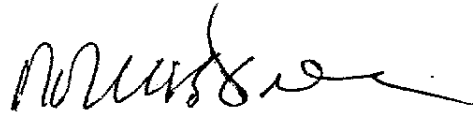
4. Mailing Address: The mailing address for the Partnership shall be 3536 Tommy Brock Place, Plant City, Florida 33566.

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2052, unless earlier terminated in accordance with the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed his signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

GENERAL PARTNER:


BROCK FARMS, INC.



Printed Name: Robert S. Trinkle  
Witness




By: Thomas Gary Brock, President

  
Printed Name: Rebecca C. Buchanan  
Witness

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

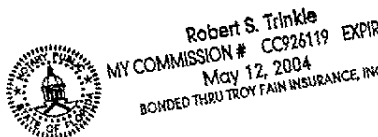
The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of April, 2003, by Thomas Gary Brock, President of Brock Farms, Inc., a Florida corporation, on behalf of the corporation, to me well known to be the General Partner of the Partnership and the person described in and who signed the foregoing Certificate of Limited Partnership, who is personally known to me or who has produced his Florida Driver License as identification.

  
Printed Name: Robert S. Trinkle

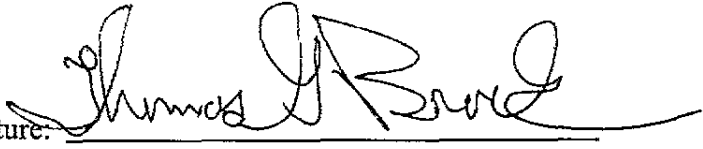
Notary Public

State of Florida at Large

My Commission Expires: May 12, 2004



. Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: 

Thomas G. Brock

Date: April 8, 2003

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The undersigned, being first duly sworn, deposes and says that:

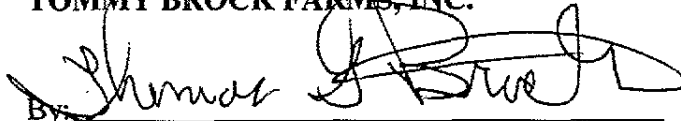
1. He is the President of Brock Farms, Inc. who is the General Partner of **Tommy Brock Family, Ltd.**

2. Capital contributions in the amount of \$ 10,000<sup>00</sup> have been made by the Partners of said Partnership.

3. Capital contributions in the amount of \$0.00 are anticipated to be contributed by the Partners of said Partnership.

This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of **Tommy Brock Family, Ltd.**

**TOMMY BROCK FARMS, INC.**

By: 


Thomas Gary Brock, President  
General Partner

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of April, 2003, by Thomas Gary Brock, President of Tommy Brock Farms, Inc., a Florida corporation, on behalf of the corporation, the General Partner of **Tommy Brock Family, Ltd.**, who is personally known to me or who has produced his Florida Driver License as identification.



Robert S. Trinkle  
MY COMMISSION # CC926119 EXPIRES  
May 12, 2004  
BONDED THRU TROY FAIR INSURANCE, INC.

  
Printed Name: Robert S. Trinkle  
Notary Public  
State of Florida at Large  
My Commission Expires: May 12, 2004