

A04000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

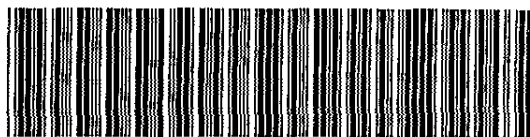
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/05/04--01060--021 **113.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A04-52
AR

12434 Mandarin Rd.
Jacksonville, FL 32223
January 2, 2004

Department of State
Division of Corporations
Corporate Filings
P O Box 6327
Tallahassee, FL 32314

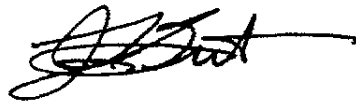
Ladies and Gentlemen:

Please find enclosed Certificate of Limited Partnership and Affidavit of Capital Contribution for:

Hallmark Home Health, Ltd

Our check for \$113.75 is attached (\$35 for registered agent fees, \$70 filing fee based upon anticipated capital contributions of \$10,000 and \$8.75 for a certificate under seal). Kindly bill us for any other fees.

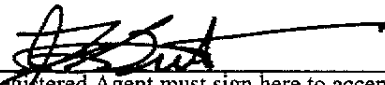
Sincerely,



John L. Suter, CPA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. HALLMARK HOME HEALTH, LTD
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 12434 MANDARIN RD JACKSONVILLE, FL 32223
(Business address of Limited Partnership)
3. JOHN L. SUTER, SR
(Name of Registered Agent for Service of Process)
4. 12434 MANDARIN RD JACKSONVILLE, FL 32223
(Florida street address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 12434 MANDARIN RD JACKSONVILLE, FL 32223
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: 12/31/2050 UNLESS SOONE
8. Name(s) of general partner(s): _____ Street address: DISSOLVED IN ACCORDANCE
WITH THE PROVISIONS OF THE
LIMITED PARTNERSHIP AGREEMENT

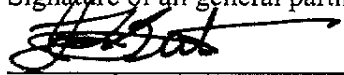
MAGNOLIA ELDERCARE, INC
THE SOLE GENERAL PARTNER
803-119960

12434 MANDARIN RD
JACKSONVILLE, FL 32223

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

Signed this 1ST day of JANUARY, 2004.

Signature of all general partners:


General Partner
MAGNOLIA ELDERCARE, INC
BY J L SUTER, PRESIDENT
General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP**

The undersigned constituting all of the general partners of _____
HALLMARK HOME HEALTH, LTD
a Florida Limited Partnership, certify:

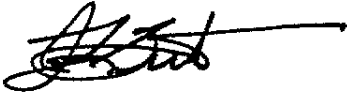
The amount of capital contributions to date of the limited partners is \$ - 0 -.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 10,000.00.

Signed this 1ST day of JANUARY, 2004.

FURTHER AFFIANT SAYETH NOT.

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



General Partner
MAGNOLIA ELDERCARE, INC
BY J L SUTER, PRESIDENT

General Partner

General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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