

A 04000000474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

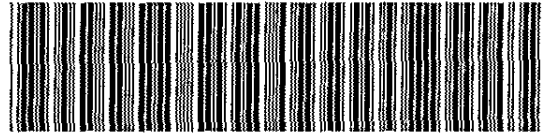
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100030832181

03/25/04--01007--037 \*\*1837.50

FILED

04 MAR 25 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

01 MAR 25 AM 11:51

STATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

*Handwritten signature*

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1473

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
04 MAR 25 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 3/25/04

REF. #: 0174.24783

CORP. NAME: THE JOAN ARMOUR MENDELL FAMILY LIMITED PARTNERSHIP

- |  |   |  |
|--|---|--|
| <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# 507819 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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

Examiner's Initials

**FILED**  
04 MAR 25 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF  
THE JOAN ARMOUR MENDELL FAMILY LIMITED PARTNERSHIP,  
a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE JOAN ARMOUR MENDELL FAMILY LIMITED  
PARTNERSHIP

2. The address of the office of the Partnership is:

1111 Ritz Carlton Circle #1704  
Sarasota, FL 34236

3. The name and address of Registered Agent of the Partnership is as follows:

JOAN ARMOUR MENDELL  
1111 Ritz Carlton Circle #1704  
Sarasota, FL 34236

4. The name and business address of the general partner is as follows:

JOAN ARMOUR MENDELL  
1111 Ritz Carlton Circle #1704  
Sarasota, FL 34236

5. The mailing address of the Partnership is:

1111 Ritz Carlton Circle #1704  
Sarasota, FL 34236

6. The Partnership shall exist in perpetuity unless otherwise terminated in accordance with the terms and conditions as set forth in the Limited Partnership Agreement.
7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by JOAN ARMOUR MENDELL, the general partner of THE JOAN ARMOUR MENDELL FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 9th day of March, 2004.

WITNESSES:

Rut P. Dan

Shayne A. Boggs  
As to General Partner


Joan Armour Mendell  
JOAN ARMOUR MENDELL

"GENERAL PARTNER"

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE JOAN ARMOUR MENDELL FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, 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 of the Florida Statutes.

Date: 3-9-04

  
JOAN ARMOUR MENDELL,  
Registered Agent

STATE OF FLORIDA                     )  
COUNTY OF SARASOTA                )

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned Notary Public, personally appeared JOAN ARMOUR MENDELL, the general partner of THE JOAN ARMOUR MENDELL FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1.     The amount of the capital contribution of the limited partners of the Partnership is  
      \$ 1,000,000.
2.     The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

WITNESSES:

Mark D. Puc

Joan Armour Mendell  
JOAN ARMOUR MENDELL

Shaune A. Boggs  
As to General Partner

"GENERAL PARTNER"

Subscribed and acknowledged before me this 9th day of March, 2004, by JOAN ARMOUR MENDELL, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

JM BSC  
Notary Public  
Print Name: \_\_\_\_\_

My Commission expires:



Notary Public, State of Florida  
JEANINE B. SCHULTZ  
Commission # CC 915820  
Comm. Expires Apr. 7, 2004