

AU4000000487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

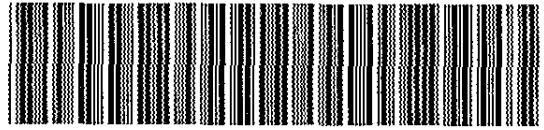
(Business Entity Name)

(Document Number)

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

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RECEIVED 04 MAR 26 PH 3:02  
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DIVISION OF STATE REGISTRATION  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
04 MAR 26 PM 12:35  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 524774 4326591  
AUTHORIZATION :  
COST LIMIT : \$ PREPAID

FILED  
04 MAR 29 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 26, 2004  
ORDER TIME : 10:56 AM  
ORDER NO. : 524774-005  
CUSTOMER NO: 4326591

CUSTOMER: Ms. Amelia M. Campbell  
Fowler White Boggs Banker P.a.  
Suite 1700  
501 East Kennedy Boulevard  
Tampa, FL 33602

DOMESTIC FILING

NAME: MITCHELL RANCH PARTNERSHIP,  
LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935  
EXAMINER'S INITIALS: \_\_\_\_\_

CERTIFICATE OF LIMITED PARTNERSHIP  
MITCHELL RANCH PARTNERSHIP, LTD.

FILED  
04 MAR 26 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. Name. The name of this limited Partnership shall be "Mitchell Ranch Partnership, Ltd."

2. Registered Agent and Address. The office and the name of the agent for service of process required to be maintained is as follows:

James W. Mitchell  
8324 State Road 54  
New Port Richey, Florida 34655-3003

3. General Partner. The name and business address of each general partner is:

James W. Mitchell  
8324 State Road 54  
New Port Richey, Florida 34655-3003

Dorothy Mitchell  
8324 State Road 54  
New Port Richey, Florida 34655-3003

4. Mailing Address. The principal office and mailing address of the limited partnership is:

8324 State Road 54  
New Port Richey, Florida 34655-3003

5. Termination Date. The latest date upon which the limited partnership is to dissolve is December 31, 2054.

James W. Mitchell  
James W. Mitchell, General Partner  
and Registered Agent

Dorothy Mitchell  
Dorothy Mitchell, General Partner

STATE OF FLORIDA  
COUNTY OF DeSoto

The foregoing instrument was acknowledged before me this 16th day of March, 2004, by JAMES W. MITCHELL, who is personally known to me or who has produced \_\_\_\_\_ as identification.

Kimberly Lynn Hinson  
Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires: \_\_\_\_\_



STATE OF FLORIDA  
COUNTY OF Hillsborough

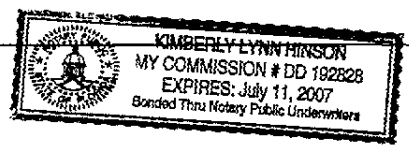
The foregoing instrument was acknowledged before me this 16th  
day of March, 2004, by DOROTHY MITCHELL, who is personally  
known to me or who has produced \_\_\_\_\_ as  
identification.

Kimberly Lynn Hinson

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires:



STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared JAMES W. MITCHELL and DOROTHY MITCHELL, known to me to be the general partners of MITCHELL RANCH PARTNERSHIP, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,960.00.

2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$22,000,000.00.

  
\_\_\_\_\_  
James W. Mitchell, General Partner

  
\_\_\_\_\_  
Dorothy Mitchell, General Partner

STATE OF FLORIDA  
COUNTY OF Hillsborough

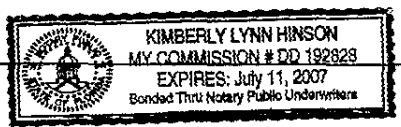
The foregoing instrument was acknowledged before me this 16th  
of March, 2004, by JAMES W. MITCHELL, who is personally known  
to me or who has produced \_\_\_\_\_ as identification.

Kimberly Lynn Hinson

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires:



STATE OF FLORIDA  
COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 16th  
of March, 2004, by DOROTHY MITCHELL, who is personally known  
to me or who has produced \_\_\_\_\_ as identification.

Kimberly Lynn Hinson

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires:

