

A 040000001191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

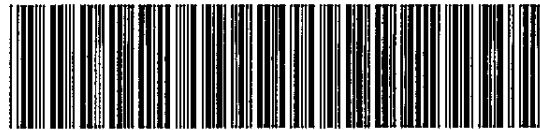
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000039109240

01 JUL 19 10:00:00 AM \*\*1877.50

BK

FILED  
04 JUL 19 PM 4:13  
TALLAHASSEE, FLORIDA  
STATE  
CLERK  
JUL 19 2:39  
JUL 19 2:39  
JUL 19 2:39



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 809711 4326591

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 19, 2004

ORDER TIME : 11:51 AM

ORDER NO. : 809711-005

CUSTOMER NO: 4326591

CUSTOMER: E. Jackson Boggs, Esq  
Fowler White Boggs Banker P.a.

Suite 1700  
501 East Kennedy Boulevard  
Tampa, FL 33602

DOMESTIC FILING

NAME: SUBLETT ENTERPRISES, 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: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
04 JUL 19 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**SUBLETT ENTERPRISES, LTD.**

FILED  
04 JUL 19 PM 4:13  
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 "Sublett Enterprises, 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 E. Sublett  
1200 Kasamada Drive  
Ft. Myers, Florida 33919

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

Sublett, Inc.  
1200 Kasamada Drive  
Ft. Myers, Florida 33919

P04000101304

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

1200 Kasamada Drive  
Ft. Myers, Florida 33919

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

SUBLETT, INC.

By: \_\_\_\_\_

James E. Sublett, President

"GENERAL PARTNER"

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 15 of July, 2004, by James E. Sublett as President of SUBLETT, INC., who is personally known to me or who has produced personally known as identification.

Cynthia Dougherty  
Print Name Cynthia Dougherty

"NOTARY PUBLIC"

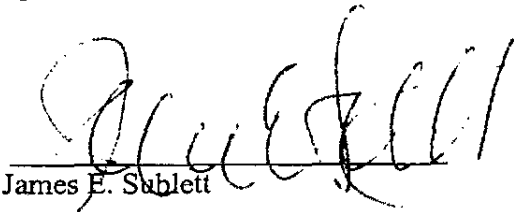


My Commission Expires: 12/2005

**CERTIFICATE OF ACCEPTANCE**

Having been named to accept service of process for the above-stated limited partnership, at the place designated in its Certificate of Limited Partnership, I hereby agree to act in such capacity, and I am familiar with and accept, the obligations provided for in Section 620.192(2), Florida Statutes.

Signature

  
James E. Sublett  
"Registered Agent"

Date July 15, 2004

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared James E. Sublett, President of SUBLETT, INC., known to me to be the sole general partner of SUBLETT ENTERPRISES, 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 \$1,980.00.

2. The limited partners do not anticipate contributing additional funds to the Partnership; thus, the total amount contributed and anticipated to be contributed is \$100,000,000.

SUBLETT, INC.

By: \_\_\_\_\_

James E. Sublett, President

"GENERAL PARTNER"

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 15 of July, 2004, by James E. Sublett, President of SUBLETT, INC. who is personally known to me or who has produced personally known as identification.



Cynthia Dougherty  
Print Name Cynthia Dougherty

"NOTARY PUBLIC"

My Commission Expires: 12/2005