

A040000001252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 828572 4326591

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 30, 2004

ORDER TIME : 11:40 AM

ORDER NO. : 828572-005

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: POLLY PEPIN ENTERPRISES, LTD.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: _____

CERTIFICATE OF LIMITED PARTNERSHIP
POLLY PEPIN ENTERPRISES, LTD.

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 "Polly Pepin 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:

Thomas A. Pepin
6401 North 54th Street
Tampa, Florida 33610

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

Polly Pepin, Inc.
1011 Riverhills Drive North
Temple Terrace, Florida 33617-4241

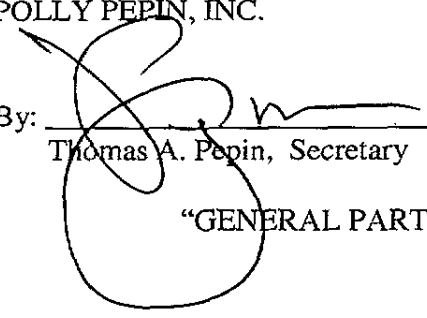
POLY PEPIN 00899

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

6401 North 54th Street
Tampa, Florida 33610

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

POLLY PEPIN, INC.

By: 
Thomas A. Pepin, Secretary

"GENERAL PARTNER"

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 20th of July, 2004, by Thomas A. Pepin as Secretary of POLLY PEPIN, INC., who is personally known to me or who has produced N/A as identification.


Print Name Peter Hobson

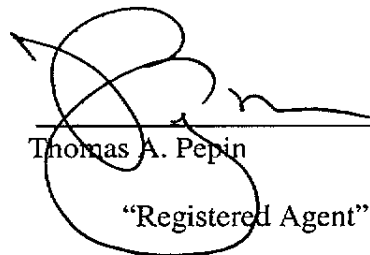
"NOTARY PUBLIC"



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



Thomas A. Pepin
"Registered Agent"

Date July 20, 2004

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared THOMAS A. PEPIN, Secretary of POLLY PEPIN, INC., known to me to be the sole general partner of POLLY PEPIN 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 presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$10,000,000.

POLLY PEPIN, INC.

By: _____

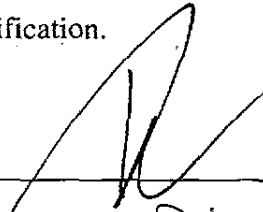
Thomas A. Pepin, Secretary

"GENERAL PARTNER"

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 20th of July, 2004, by Thomas A. Pepin, Secretary of POLLY PEPIN, INC. who is personally known to me or who has produced N/A as identification.


Print Name Peter Hobson

My Comm. 