

A04000001285

(Requestor's Name)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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*[Handwritten signature]*



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08/03/04 -01016--007 \*\*87.50

08/03/04 01016--000 \*\*1750.

04 AUG -3 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 AUG -3  
STATE  
REGISTRARS  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**FILE FIRST!**  
RECEIVED  
STATE  
FLORIDA  
AUG 10 2004

CONTACT: KATIE WONSCH

DATE: 8/3/04

REF. #: 0262.28690

CORP. NAME: THE ALLEN 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:                      |   |  |

#508987 \$87.50  
STATE FEES PREPAID WITH CHECK# 163 FOR \$ 1750.00

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 3, 2004

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: THE ALLEN FAMILY LIMITED PARTNERSHIP  
Ref. Number: W04000029577

We have received your document for THE ALLEN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1837.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED the \$1,837.50 payment for the Limited Partnership filing, and that we have also RETAINED the \$77.50 payment for the LLLP QUALIFICATION.

Both documents have not been filed and are being returned.

The limited partnership name designated in the document is not available since it is the same as, or not distinguishable from the name of another entity on file with this office. Please select a new name and make the substitution in all the appropriate places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 204A00048350

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

FILED  
04 AUG -3 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

RECEIVED  
01 AUG -5 AM 9:36  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

FILED  
04 AUG -3 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The J&S Allen Family Limited Partnership  
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 9102 Lin Grove Road, Brooksville, Florida, 34613  
(Business address of Limited Partnership)
3. D. Michael O'Leary, Esquire  
(Name of Registered Agent for Service of Process)
4. 101 E. Kennedy Boulevard, Suite 2700, Tampa, Florida, 33602  
(Florida street address for Registered Agent)
5. *D. Michael O'Leary*  
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 9102 Lin Grove Road, Brooksville, Florida, 34613  
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: perpetual

8. Name(s) of general partner(s): \_\_\_\_\_ Street address: \_\_\_\_\_

<u>J&amp;S Properties, LLC</u>	<u>9102 Lin Grove Road</u>
<u><i>L04000055680</i></u>	<u>Brooksville, Florida, 34613</u>
_____	_____
_____	_____

*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 29th day of July, 2004

Signature of all general partners:

J&S Properties, LLC

By: *[Signature]*  
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

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

The undersigned constituting all of the general partners of \_\_\_\_\_  
The J&S Allen Family Limited Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 99.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time  
totals \$ 1,000,000.00

Signed this 29th day of July, 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.*

J&S Properties, LLC

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

General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner

\_\_\_\_\_  
General Partner