

A04 00000 1315

Christopher R. Weeks

(Requestor's Name)

1075 McCall Dairy Rd.

(Address)

(Address)

Defuniak Springs, FL 32485

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

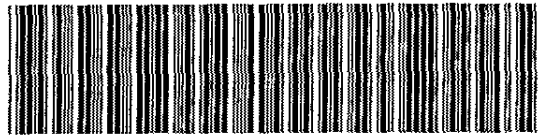
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W04 210 B~~
7544-524-676
\$210.00
total amt. due

Office Use Only



800038368818

07/09/04--01018--004 **175.00

08/12/04--01003--006 **35.00

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TALLAHASSEE, FLORIDA

A04-1315
8/12



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2004

CHRISTOPHER R. WEEKS
1075 MCCALL DAIRY RD
DEFUNIAK SPRINGS, FL 32485

SUBJECT: JOINT VENTURES LIMITED PARTNERSHIP
Ref. Number: W04000026673

We have received your document for JOINT VENTURES LIMITED PARTNERSHIP and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The total amount due to file the limited partnership is \$210.00.

There is a balance due of \$35.00.

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) 245-6025.

Trevor Brumbley
Document Specialist

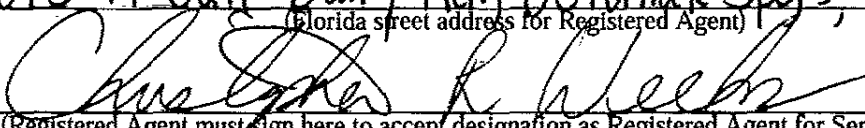
Letter Number: 504A00044597

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP

- C+C
1. ~~XXXX~~ Ventures Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
 2. 1075 McCall Dairy Rd., Defuniak Spgs, FL 32435
(Business address of Limited Partnership)
 3. CHRISTOPHER B. Weeks
(Name of Registered Agent for Service of Process)
 4. 1075 McCall Dairy Rd., Defuniak Spgs, FL 32435
(Florida street address for Registered Agent)
 5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
 6. 1075 McCall Dairy Rd., Defuniak Springs, FL 32435
(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:

CHRISTOPHER R. WEEKS

1075 McCall Dairy Rd., Defuniak Spgs

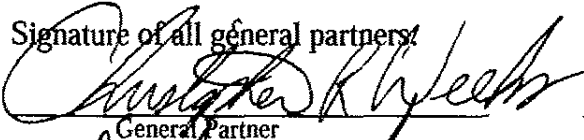
CHARLES W. SIMMONS

941 West Highway 20, Freeport, FL 32439

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 6th day of JULY, 2004

Signature of all general partners:



General Partner



General Partner

General Partner

General Partner

General Partner

General Partner

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

C+C
The undersigned constituting all of the general partners of ~~CCC~~ Ventures
Limited Partnership
a Florida Limited Partnership, certify.

The amount of capital contributions to date of the limited partners is \$ 12,500.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 25,000.

Signed this 6th 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.*

Christopher R Weeks
General Partner

General Partner

Charles W. Linne
General Partner

General Partner

General Partner

General Partner

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TALLAHASSEE, FLORIDA

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