

A04000001423

(Requestor's Name)

Crarta all over L.R.
20518 Gordon H. H
H. H. H. H. 32046

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUN 31 A 11:20

FILED

Principal & mailing address
effective date
Affidavit.
(Send form)

TC
\$400.00



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 18, 2004

CRAFTS ALL OVER L.P.
20518 GORDEN HILL
HILLIARD, FL 32046

SUBJECT: THE CRAFTS ALL OVER LIMITED PARTNERSHIP
Ref. Number: W04000031501

We have received your document for THE CRAFTS ALL OVER LIMITED PARTNERSHIP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 620.108, Florida Statutes, requires that limited partnership certificates include the mailing address in addition to the principal place of business address. Please correct your document accordingly. If the mailing address and principal place of business are one and the same, please be sure this is clearly reflected in your document.

The effective day must be specific and cannot be prior to the date of filing.

Section 620.108, Florida Statutes, requires the affidavit include the amount of capital contributions of the limited partners and the amount anticipated to be contributed.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 004A00050893

CERTIFICATE OF LIMITED PARTNERSHIP

1. Crafts All Over Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 20518 Gordon Hill Lane S. Hilliard 71 32046
(Business address of Limited Partnership)
3. Glenn Davis
(Name of Registered Agent for Service of Process)
4. 20518 Gordon Hill Lane S. Hilliard 71 32046
(Florida street address for Registered Agent)
5. Glenn Davis
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 20518 Gordon Hill Lane S. Hilliard 71 32046
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 8-23-2029
8. Name(s) of general partner(s):

<u>Glenn Davis</u>	<u>same as above</u>
<u>Donna Davis</u>	<u>same as above</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 23 day of August, 2004.

Signature of all general partners:

Glenn Davis
General Partner

Donna Davis
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 Crafts ALL Over

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 400.00

The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$ 400.00

Signed this 23 day of August

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.

[Signature]
General Partner

General Partner

[Signature]
General Partner

General Partner

General Partner

General Partner

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2004 AUG 23
A 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA