

A04000001424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

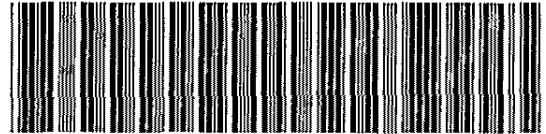
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300040565753

09/01/04--01010--010 **1837.50

FILED

04 SEP - 1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP - 1 AM 10:23

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]

04 SEP - 1 PM 1:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATE
ACCESS,
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666, Fax (850) 222-2666

WALK IN

PICK UP

9/1

☒ CERTIFIED COPY

CUS

☐ PHOTO COPY

☒ FILING Partnership

1.) The Arnold Ranch Family Limited Partnership
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE ARNOLD RANCH FAMILY LIMITED PARTNERSHIP

FILED
04 SEP - 1 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WHEREAS, the undersigned, desires to form a limited partnership (to be known as **The Arnold Ranch Family Limited Partnership**) pursuant to the provisions of a Limited Partnership Agreement.

WHEREAS, the undersigned hereby makes, acknowledges and files with the Secretary of State of Florida the Certificate of Limited Partnership for the purpose of forming, pursuant to the aforesaid Limited Partnership Agreement, a limited partnership in accordance with the laws of the State of Florida.

NOW, THEREFORE, the undersigned hereby certifies as follows:

1. Name of Partnership: The name of the Partnership shall be **The Arnold Ranch Family Limited Partnership**.

2. Office and Agent for Service of Process: The record keeping office for the Partnership shall be **706 Debra Lynne Drive, Brandon, Florida 33511-5807**. The agent for the service of process is **Robert H. Arnold** and his address is **706 Debra Lynne Drive, Brandon, Florida 33511-5807**. The Partnership may change its record keeping office or its registered agent, or both, by filing with the Department of State of the State of Florida an amendment complying with this chapter.

3. Names and Business Addresses of General Partners: The names and addresses of the General Partners are as follows:

Robert H. Arnold	Linda E. Arnold
706 Debra Lynne Drive	706 Debra Lynne Drive
Brandon, Florida 33511-5807	Brandon, Florida 33511-5807

4. Mailing Address: The mailing address for the Partnership shall be **706 Debra Lynne Drive, Brandon, Florida 33511-5807**.

5. Term: This Limited Partnership shall commence on the date upon which this Certificate of Limited Partnership is duly filed with the Office of the Secretary of State of the State of Florida, and shall continue thereto in accordance with the terms provided in the Limited Partnership Agreement until December 31, 2054, unless earlier terminated in accordance with the Limited Partnership Agreement.

IN WITNESS WHEREOF, the undersigned, being first duly sworn, has hereto affixed his signature and seal, thereby executing this Certificate of Limited Partnership for the uses and purposes herein stated.

GENERAL PARTNER:

Carol D. Spring
Printed Name: CAROL D. SPRING
Witness

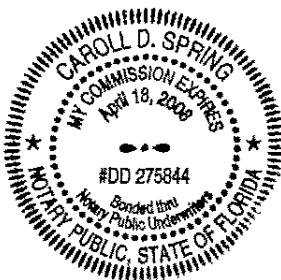
Robert H. Arnold
Robert H. Arnold

Conrad Swanson
Printed Name: CONRAD SWANSON
Witness

Linda E. Arnold
Linda E. Arnold

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 31 day of August, 2004, by Robert H. Arnold and Linda E. Arnold to me well known to be the General Partner of the Partnership and the persons described in and who signed the foregoing Certificate of Limited Partnership, who are personally known to me or who have produced their Florida Driver Licenses as identification.



Carol D. Spring
Printed Name: CAROL D. SPRING
Notary Public
State of Florida at Large
My Commission Expires: 4-18-2008

Having been named to accept Service of Process for the above-stated Limited Partnership, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 620.192, Florida Statutes.

Signature: Robert H. Arnold
Robert H. Arnold

Date: August 31, 2004

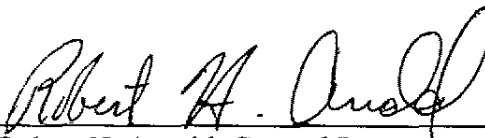
AFFIDAVIT

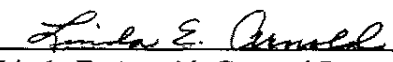
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The undersigned, being first duly sworn, deposes and says that:

1. They are General Partners of **The Arnold Ranch Family Limited Partnership.**
2. Capital contributions in the amount of \$625,000.00 have been made by the Partners of ^{Limited} said Partnership.
3. Capital contributions in the amount of \$0.00 are anticipated to be contributed by the ^{Limited} Partners of said Partnership.

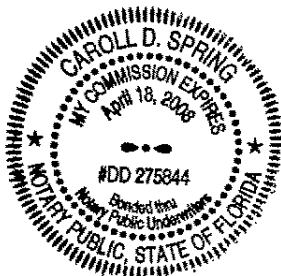
This Affidavit is made for the purpose of filing with the Certificate of Limited Partnership of **The Arnold Ranch Family Limited Partnership** with the Secretary of State.

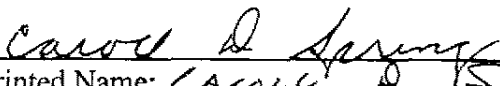

Robert H. Arnold, General Partner


Linda E. Arnold, General Partner

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 31 day of August, 2004, by Robert H. Arnold and Linda E. Arnold, the General Partners of **The Arnold Ranch Family Limited Partnership**, who are personally known to me, ~~or who have produced their Florida Driver Licenses as identification.~~




Printed Name: CAROL D. SPRING
Notary Public, State of Florida at Large
My Commission Expires: 4-18-2008