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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations SUBJECT: The Copeland Family Limited Partnership (Name of Limited Partnership) DOCUMENT NUMBER: ation for Florida Limited Liability Limited Partnership and fee(s) are submitted for The enclosed Sta filing. Please return all correspondence concerning this matter to the following: Andrew J. Decker, III, Esquire (Name of Person) Andrew J. Decker, III, P.A. (Firm/Company) Post Office Drawer 1288 (Address)

For further information concerning this matter, please call:

Live Oak, Florida 32064

Andrew J. Decker, III, Esquire at (386) 364-4440

(Name of Person) (Area Code & Daytime Telephone Number)

and Zip Code)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

INHS66(9/03)



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 3, 2004

ANDREW J DECKER III POST OFFICE DRAWER 1288 LIVE OAK, FL 32064

SUBJECT: THE COPELAND FAMILY LIMITED PARTNERSHIP

Ref. Number: W04000044179

We have received your document for THE COPELAND FAMILY LIMITED PARTNERSHIP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 804A00067895

2004 DEC 29 PM 1: 3
SECRETARY OF STATE
TALL AHASSE

CERTIFICATE OF LIMITED PARTNERSHIP

The Copeland Family Limited Partnership)	
(Name of Limited Partnership; must contain a suffix s	uch as "Limited", "Ltd.", or "Limited Partnership")	
, 17692 County Road 137, Wellborn, Florid	da 32094	
(Business address of L	limited Partnership)	
Johnny C. Copeland		
(Name of Registered Agent	t for Service of Process)	
17692 County Road 137, Wellborn, Flori	da 32094	
(Florida street address f		
The Color		
Registered Agent most sign here to accept designa	tion as Registered Agent for Service of Process)	
17692 County Road 137, Wellborn, Florid	da 32094	
(Mailing Address of the		
(,	,	
	2050	
7. The latest date upon which the Limited Partne	ership is to be dissolved is: 2050	
8. Name(s) of general partner(s):	Street address:	
Johnny Carroll Copeland	17692 County Road 137	
	Wellborn, Florida 32094	
Glenda Akins Copeland	17692 County Road 137	
	Wellborn, Florida 32094	
Under penalties of perjury I (we) declare that I (contents thereof and that the facts stated herein	· · · · · · · · · · · · · · · · · · ·	
Signed this 19th day of October		
Signature of all general partners:	As a	
July (BO)	General Partner AAS	
General Partner	General Partner	
Glenda abins Copeland	29 29 SSE	
General Partner	General Partner	
	1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
General Partner	General Partner Com &	

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general Limited Partnership	partners of The Copeland	Family
a Florida Limited Partnership, certify:		,
The amount of capital contributions to date of t	he limited partners is \$ 0.00	<u> </u>
The total amount contributed and anticipated to totals \$_0.00	be contributed by the limited	I partners at this time
Signed this 4th day of October	, 2004	·
FURTHER AFFIANT SAYETH NOT.		
Under the penalties of perjury I (we) declare the contents thereof and that the facts stated herein		oing and know the
V fly Cliffe		2004 DEC 29 SECRETARY TALLAHASSE
General Partner Glenda Okins Copeland	General Partner	m
General Partner	General Partner	PM 1: 32 PH 1: 32 PH STATE PHORIDA
Conoral Borton	Ganaral Partner	4.35