

A 05000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

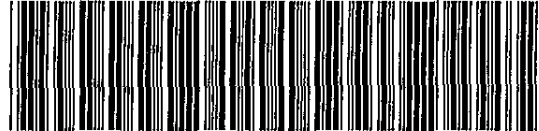
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/03/05--01050--006 **1837.50

FILED

05 JAN -3 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 JAN -3 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
05 JAN -3 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- WETZEL FAMILY LIMITED PARTNERSHIP

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF LIMITED PARTNERSHIP

1. Wetzel Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 27554 U. S. Highway 19 North, Clearwater, FL 33761
(Business address of Limited Partnership)
3. Betty Wetzel
(Name of Registered Agent for Service of Process)
4. 27554 U.S. Highway 19 North, Clearwater, FL 33761
(Florida street address for Registered Agent)
5. *Betty Wetzel*
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. 27554 U.S. Highway 19 North, Clearwater, FL 33761
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: December 31, 2079
8. Name(s) of general partner(s): _____ Street address: _____

<u>Betty Wetzel</u>	<u>27554 U.S. Highway 19 North</u>
_____	<u>Clearwater, FL 33761</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 27th day of December, 2004.

Signature of all general partners:

<u><i>Betty Wetzel</i></u> General Partner <u>Betty Wetzel</u>	_____ 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 Wetzel Family Limited
Partnership

a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$ 640,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$ 640,000.00

Signed this 27th day of December, 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.*

Betty Wetzel
General Partner Betty Wetzel

General Partner

General Partner

General Partner

General Partner

General Partner