

A050000000728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

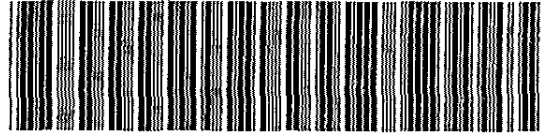
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BK*

Office Use Only



300049450743

04/13/05--01041--012 \*\*1837.50

RECEIVED  
05 APR 13 09:11:24  
TALLAHASSEE, FLORIDA

FILED  
05 APR 13 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 312045 4326591

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 13, 2005

ORDER TIME : 10:24 AM

ORDER NO. : 312045-005

CUSTOMER NO: 4326591

CUSTOMER: E. Jackson Boggs, Esq.  
Fowler White Boggs Banker P.a.

Suite 1700  
501 East Kennedy Boulevard  
Tampa, FL 33602

DOMESTIC FILING

NAME: DREYER VENTURES, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
XX CERTIFICATE OF LIMITED PARTNERSHIP  
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
05 APR 13 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP**  
**DREYER VENTURES, LTD.**

**FILED**  
05 APR 13 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In accordance with Florida Statute Section 620.108, this Certificate of Limited Partnership shall be filed with the Department of State of Florida, setting forth the following:

1. **Name.** The name of this limited Partnership shall be "Dreyer Ventures, Ltd."
2. **Registered Agent and Address.** The office and the name of the agent for service of process required to be maintained is as follows:

Frederick William Dreyer, Jr.  
4935 South Melrose Avenue  
Tampa, Florida 33629

3. **General Partner.** The names and business addresses of the general partners are:


Frederick William Dreyer, Jr.  
4935 South Melrose Avenue  
Tampa, Florida 33629


Frederick William Dreyer, III, M.D.  
6889 Wellington Drive  
Naples, Florida 34109

4. **Mailing Address.** The principal office and mailing address of the limited partnership is:  

4935 South Melrose Avenue  
Tampa, Florida 33629

5. **Termination Date.** The latest date upon which the limited partnership is to dissolve is December 31, 2055.

  
Frederick William Dreyer, Jr., General Partner and  
Registered Agent

  
Frederick William Dreyer, III, M.D., General Partner

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 12<sup>TH</sup> day of APRIL, 2005, by FREDERICK WILLIAM DREYER, JR., who is personally known to me or who has produced DRIVER'S LICENSE as identification.



**Anne Mansis**  
Commission # DD394450  
Expires February 18, 2009  
Bonded Troy Feltz Insurance, Inc. 800-385-7019

Anne Mansis

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires:

\_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 12<sup>TH</sup> day of APRIL, 2005, by FREDERICK WILLIAM DREYER, III, M.D., who is personally known to me or who has produced DRIVER'S LICENSE as identification.



**Anne Mansis**  
Commission # DD394450  
Expires February 18, 2009  
Bonded Troy Feltz Insurance, Inc. 800-385-7019

Anne Mansis

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires:

\_\_\_\_\_


**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, THE UNDERSIGNED AUTHORITY, personally appeared FREDERICK WILLIAM DREYER, JR. and FREDERICK WILLIAM DREYER, III, M.D., known to me to be the general partners of DREYER VENTURES, LTD., a Florida limited partnership, who, before me first duly sworn, declare as follows:

1. The amount of capital initially contributed to the Partnership by the limited partners is \$1,980.00.

2. The limited partners presently anticipate contributing additional funds to the Partnership; and the total amount contributed and anticipated to be contributed is \$10,000,000.

DATED this 12<sup>TH</sup> day of APRIL, 2005.

  
Frederick William Dreyer, Jr.,  
General Partner

  
Frederick William Dreyer, III, M.D.,  
General Partner

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 12<sup>TH</sup> day of APRIL, 2005, by FREDERICK WILLIAM DREYER, JR., who is personally known to me or who has produced DRIVER'S LICENSE as identification.



**Anne Mansis**

Commission # DD394450

Expires February 18, 2009

Bonded Troy Pain - Insurance, Inc. 800-385-7019

Anne Mansis

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires:

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 12<sup>TH</sup> day of APRIL, 2005, by FREDERICK WILLIAM DREYER, III, M.D., who is personally known to me or who has produced DRIVER'S LICENSE as identification.



**Anne Mansis**

Commission # DD394450

Expires February 18, 2009

Bonded Troy Pain - Insurance, Inc. 800-385-7019

Anne Mansis

Print Name \_\_\_\_\_

"NOTARY PUBLIC"

My Commission Expires: