

A05000000754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

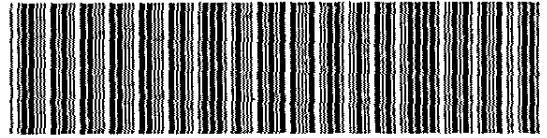
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A05-754
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AF \$87.50



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 15, 2005

MARJORIE NEAL
1004 JENKS AVENUE
PANAMA CITY, FL 32401

SUBJECT: ARTESIAN.EN HOLDINGS, LTD.
Ref. Number: W05000013324

We have received your document for ARTESIAN.EN HOLDINGS, LTD. and your check(s) totaling \$154.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 105A00017677

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR 14 PM 12:58

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 15, 2005

MARJORIE NEAL
1004 JENKS AVENUE
PANAMA CITY, FL 32401

SUBJECT: ARTESIAN.EN HOLDINGS, LLP
Ref. Number: W05000013324

We have received your document for ARTESIAN.EN HOLDINGS, LLP and your check(s) totaling \$154.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the statement of qualification the name must end with LLLP as the suffix.,

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

A general partner must sign the document.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 105A00017687

SECRETARY OF STATE
TALLAHASSEE, FL 32314
2005 APR 14 PM 12:58

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ALSO ADMITTED
ALABAMA, GEORGIA
& TEXAS



Monica L. Cothran, P.A.

ATTORNEY AT LAW

1004 JENKS AVENUE
PANAMA CITY, FL 32401

PHONE: 850-784-2992
FAX: 850-784-4773

March 11, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: aRTESIAN.en HOLDINGS, LTD.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Family Limited Partnership Agreement for the above-named corporation along with a check for **\$154.00**, which includes the filing fee, certification fee, and the fee for the certificate of status. Please file the original Agreement, certify the copy, and return the certified copy to our office in the enclosed self-addressed stamped envelope.

Thank you very much for your time and attention to this matter. Please do not hesitate to contact this office at once if you have any questions, or if I may be of assistance to you.

Sincerely,

Marjorie K. Neal, Legal Assistant to:
Monica L. Cothran, Esq.

/mkn

Enclosures: As stated

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

APR 14 PM 12:58

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ALSO ADMITTED
ALABAMA, GEORGIA
& TEXAS



Monica L. Cothran, P.A.

ATTORNEY AT LAW

1004 JENKS AVENUE
PANAMA CITY, FL 32401

PHONE: 850-784-2992
FAX: 850-784-4773

April 12, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATTENTION: TAMMI CLINE
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: aRTESIAN.en HOLDINGS, LLP.
LETTER NUMBER: 105A00017677

Dear Ms. Cline:

I have received your letter dated March 15, 2005, with regard to necessity to change the LTD. to LLP., with regard the above-named corporation.

My client has made the necessary changes and I am enclosing the corrected original and one copy of the Family Limited Partnership Agreement for the above-named. Please file the original Agreement, certify the copy, and return the certified copy to our office in the enclosed self-addressed stamped envelope.

Thank you very much for your time and attention to this matter. Please do not hesitate to contact this office at once if you have any questions, or if I may be of assistance to you.

Sincerely,



Monica L. Cothran, Esq.

MLC/mkn
Enclosures: As stated

2005 APR 14 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF LIMITED PARTNERSHIP OF
aARTESIAN.en HOLDINGS, LLP
a Florida limited partnership

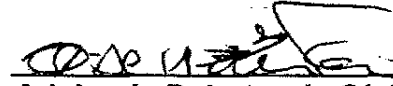
The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby state:

1. The name of the Partnership is **aARTESIAN.en HOLDINGS, LLP**
2. The address of the office of the Partnership is: ~~Post Office Box 35236,~~ **1000 TRANSMITTER ROAD,**
~~Panama City, FL 32412~~ **Apt. 4A**
PANAMA CITY, FL 32401
3. The name and address of the agent for service of process on the Partnership are:
Adekunle Babatunde Ojelade
1000 TRANSMITTER ROAD
APT 4A
PANAMA CITY, FL 32401
4. The name and business address of the sole general partner are:
Adekunle Babatunde Ojelade
1000 TRANSMITTER ROAD
APT 4A
PANAMA CITY, FL 32401
5. The mailing address of the Partnership is:
1000 TRANSMITTER ROAD
APT 4A
PANAMA CITY, FL 32401
6. The latest date upon which the Partnership shall dissolve is:
PERPETUAL

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of aARTESIAN.en HOLDINGS, This 31 day of December, 2004.

GENERAL PARTNER:


Adekunle Babatunde Ojelade

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for aRTESIAN.en HOLDINGS, L L P, a Florida Family limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:



Name: Adekunle Babatunde Ojelade

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2005 APR 14 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF Bay

BEFORE ME, the undersigned authority, personally appeared Adekunle Babatunde Ojelade, the sole general partner of ARTESIAN.en HOLDINGS, **LLP**. (the "Partnership"), who, upon being duly sworn, certified as follows:

1. The amount of capital contributions to the Partnership made by the limited partners is, in the aggregate, Two Thousand and No/100 (\$2,000.00) Dollars.

2. At this time, it is not anticipated that additional capital contributions will be made by the limited partners.

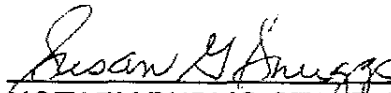
Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

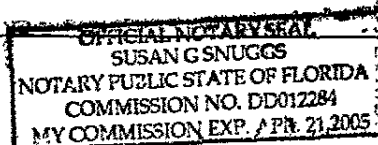
STATE OF FLORIDA

COUNTY OF Bay


Adekunle Babatunde Ojelade, Applicant

SWORN TO AND SUBSCRIBED before me this 31 day of December, 2004 by Ade Ojelade, who is personally known to me or has produced _____ as identification.


NOTARY PUBLIC-STATE OF FLORIDA
Name: _____



SECRETARY OF STATE
FLORIDA

2005 APR 14 PM 12:59

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IN WITNESS WHEREOF, the undersigned have executed this Agreement as of

December 31, 2004.

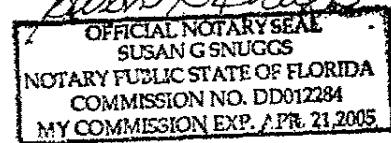
Witnesses:

Rosemary G. Balacorn

Reuben Markie

GENERAL PARTNER:

Adekunle Babatunde Ojelade
ADEKUNLE BABATUNDE OJELADE



SCHEDULE A

GENERAL
PARTNER

CAPITAL
CONTRIBUTION

PERCENTAGE
INTEREST

Adekunle Babatunde Ojelade

\$2,000.00

100%

2005 APR 14 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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