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06/10/05--01009--015 **1837.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

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TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 06/10/2005

REF. #: 000174.38990

CORP. NAME: THE PEARCE FAMILY LIMITED PARTNERSHIP

- | | | |
|--|--|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input checked="" type="checkbox"/> <u>LIMITED PARTNERSHIP</u> | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1020 FOR \$ 1837.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF
THE PEARCE FAMILY LIMITED PARTNERSHIP,
a Florida limited partnership

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Chapter 620 of the Florida Statutes, do hereby state the following:

1. The name of the Partnership is:

THE PEARCE FAMILY LIMITED PARTNERSHIP

2. The address of the office of the Partnership is:

35 Watergate Drive, #706
Sarasota, FL 34236-3500

3. The name and address of the Registered Agent for the Partnership is as follows:

ALAN M. PEARCE
35 Watergate Drive, #706
Sarasota, FL 34236-3500

4. The name and business address of the general partners are as follows:

ALAN M. PEARCE and WANDA W. PEARCE
35 Watergate Drive, #706
Sarasota, FL 34236-3500

5. The mailing address of the Partnership is:

35 Watergate Drive, #706
Sarasota, FL 34236-3500

6. The Partnership shall exist in perpetuity unless otherwise terminated in accordance with the terms and conditions as set forth in the Limited Partnership Agreement.

7. The effective date of this Certificate of Limited Partnership shall be the effective date of the filing of the certificate of limited partnership with the Department of State.

The execution of this certificate by the undersigned general partners 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 by ALAN M. PEARCE and WANDA W. PEARCE, tenants by the entireties, the general partners of THE PEARCE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this 9th day of June, 2005.

WITNESSES:

Shirley C. Ross

Alan M. Pearce
ALAN M. PEARCE, tenant by the entirety

Shirley C. Ross

Shirley C. Ross

Wanda W. Pearce
WANDA W. PEARCE, tenant by the
entirety

Shirley C. Ross

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE PEARCE FAMILY LIMITED PARTNERSHIP, at the place designated in the foregoing Certificate of Limited Partnership, 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 of the Florida Statutes.

Date: _____

16-9-05



ALAN M. PEARCE, Registered Agent

STATE OF FLORIDA)
COUNTY OF SARASOTA)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared ALAN M. PEARCE, and WANDA W. PEARCE, tenants by the entireties, the general partner of THE PEARCE FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, hereinafter referred to as "Partnership", who, upon being duly sworn, certifies as follows:

1. The amount of the capital contribution of the limited partners of the Partnership is \$ 350,000.
2. The amount of additional capital contributions of the limited partners of the Partnership anticipated is \$0.00.

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.

WITNESSES:

Dina C. Pass

Alan M. Pearce
ALAN M. PEARCE

[Signature]
As to General Partner

Dina C. Pass

Wanda W. Pearce
WANDA W. PEARCE

[Signature]
As to General Partner

"GENERAL PARTNER"

Subscribed and acknowledged before me this 9th day of June, 2005, by ALAN M. PEARCE and WANDA W. PEARCE, who are personally known to me or who have produced _____ as identification and who did not take an oath.

[Signature]
Notary Public
Print Name: _____

My Commission expires:

