

**A05000001183**

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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From: **UAM MATTHEWS**  
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
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DIVISION OF CORPORATION

**FLORIDA LIMITED PARTNERSHIP**

**Wiginton Investment Properties, LLLP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$140.00

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TALLAHASSEE, FLA

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\*\*\* A Statement of Qualification for this Partnership as a Florida limited liability limited partnership will follow as soon as a document number is assigned to the partnership.

WMB  
26143/45175  
A05-1183  
06/14/2005

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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
WIGINTON INVESTMENT PROPERTIES, LLLP**

The undersigned General Partner, desiring to form a limited liability limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act, Sections 620.101 through 620.205 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is Wiginton Investment Properties, LLLP.
2. The address of the office of the Partnership as referred to in Section 620.108, Florida Statutes, is 255 Primera Boulevard, Suite 230, Lake Mary, Florida 32746.
3. The name and address of the agent for service of process on the Partnership are Alan D. Wiginton, 255 Primera Boulevard, Suite 230, Lake Mary, Florida 32746.
4. The name and business address of the General Partners are:

Name

Address

Wiginton Management, Inc.	255 Primera Boulevard, Suite 230 Lake Mary, Florida 32746
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805-61189

5. The mailing address for the Partnership is 255 Primera Boulevard, Suite 230, Lake Mary, Florida 32746.
6. The latest date upon which the Partnership shall dissolve is December 31, 2105.

7. A conveyance or encumbrance of real property or any interest therein held in the name of the Partnership, and any other instrument affecting title to real property in which the Partnership has an interest, shall be executed in the Partnership name by the General Partner.

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

GENERAL PARTNER:  
Wiginton Management, Inc., a Florida  
corporation

By:   
Alan D. Wiginton, President  
Date: June 14, 2005

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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent for the above-named Partnership, at the place designated in the foregoing Certificate of Limited Partnership, I hereby accept such appointment and agree to act in such capacity, and I further agree to comply with provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent. I am familiar with, and accept the duties and obligations of, Section 620.192 of the Florida Statutes.

REGISTERED AGENT



Alan D. Wiginton

Date: June 14, 2005

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STATE OF FLORIDA

COUNTY OF ORANGE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Alan D. Wiginton, as President of Wiginton Management, Inc., the sole General Partner of Wiginton Investment Properties, LLLP, a Florida limited liability limited partnership (the "Partnership"), of Orange County, Florida, who upon being duly sworn, certified as follows:

1. The amount of the capital contributions to the Partnership made by the limited partners is \$1,000.00.

2. The amount of additional capital contributions anticipated to be contributed by the limited partners is \$ -0-.

FURTHER AFFIANT SAYETH NOT.

*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.*

GENERAL PARTNER:

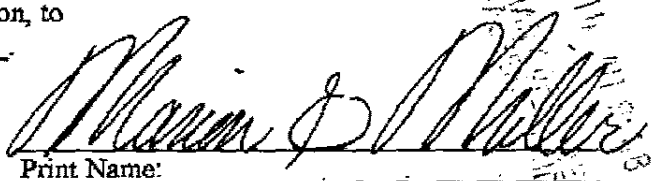
Wiginton Management, Inc., a Florida corporation

By: 

Alan D. Wiginton, President

Date: June 14, 2005

Sworn to and subscribed before me this 14<sup>th</sup> day of June, 2005, by Alan D. Wiginton, as President of WIGINTON MANAGEMENT, INC., a Florida corporation, the sole General Partner on behalf of WIGINTON INVESTMENT PROPERTIES, LLLP, a Florida limited liability limited partnership. He (check one) ☐ is personally known to me, ☒ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: \_\_\_\_\_

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

Notary Public - State of Florida

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

MARION E. MILLER  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # 03307394  
EXPIRES 6/31/2009

(NOTARY'S STAMP OR SEAL)

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