

A05000001913

(Requestor's Name)

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(City/State/Zip/Phone #)

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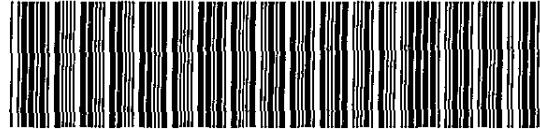
(Business Entity Name)

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10/14/05--01007--004 **1837.50

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05 OCT 14 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/14/2005

REF. #: 000174.43379

CORP. NAME: THE RASMUS FAMILY LIMITED PARTNERSHIP

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <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"/> LIMITED PARTNERSHIP | <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# 40155 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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 RASMUS FAMILY LIMITED PARTNERSHIP

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

25110 Bernwood Drive, Suite 101
Bonita Springs, Fl 34135

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

Mark K. Rasmus
25110 Bernwood Drive, Suite 101
Bonita Springs, Fl 34135

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

Mark K. Rasmus, as Trustee of the
Mark K. Rasmus Revocable Trust
u/a/d May 21, 2003
25110 Bernwood Drive, Suite 101
Bonita Springs, Fl 34135

Mark K. Rasmus and Elizabeth N. Rasmus,
as Co-Trustees of the Elizabeth N. Rasmus
Revocable Trust u/a/d May 21, 2003
25110 Bernwood Drive, Suite 101
Bonita Springs, Fl 34135

5. The mailing address of the Partnership is:

25110 Bernwood Drive, Suite 101
Bonita Springs, Fl 34135

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 Mark K. Rasmus, as Trustee of the Mark K. Rasmus Revocable Trust u/a/d May 21, 2003, and Mark K. Rasmus and Elizabeth N. Rasmus, as Co-Trustees of the Elizabeth N. Rasmus Revocable Trust u/a/d May 21, 2003, the general partners of THE RASMUS FAMILY LIMITED PARTNERSHIP, a Florida limited partnership, this ~~12~~ 3rd day of October, 2005.

WITNESSES:

GENERAL PARTNERS:

Mark K. Rasmus Revocable Trust u/a/d May 21, 2003,

Mary Ann McClouds
BAE H
as to General Partner

[Signature]
Mark K. Rasmus, as its Trustee

Elizabeth N. Rasmus Revocable Trust u/a/d May 21, 2003,

Mary Ann McClouds
BAE H
as to General Partner

[Signature]
Mark K. Rasmus, as its Co-Trustee

Mary Ann McClouds
BAE H
as to General Partner

Elizabeth N. Rasmus
Elizabeth N. Rasmus, as its Co-Trustee

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named to accept service of process for THE RASMUS 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: 10-3-05


MARK K. RASMUS, Registered Agent

STATE OF)
COUNTY OF)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned Notary Public, personally appeared Mark K. Rasmus, as Trustee of the Mark K. Rasmus Revocable Trust u/a/d May 21, 2003, and Mark K. Rasmus and Elizabeth N. Rasmus, as Co-Trustees of the Elizabeth N. Rasmus Revocable Trust u/a/d May 21, 2003, the general partners of THE RASMUS 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:

Mark K. Rasmus Revocable Trust u/a/d May 21, 2003,

Mary Anne Nilands
[Signature]
as to General Partner

[Signature]
Mark K. Rasmus, as its Trustee

Elizabeth N. Rasmus Revocable Trust u/a/d May 21, 2003,

Mary Anne Nilands
[Signature]
as to General Partner

[Signature]
Mark K. Rasmus, as its Co-Trustee

Mary Anne Nilands
[Signature]
as to General Partner

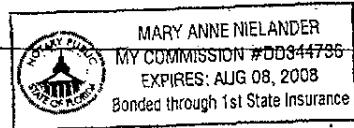
Elizabeth N. Rasmus
Elizabeth N. Rasmus, as its Co-Trustee

"GENERAL PARTNERS"

Subscribed and acknowledged before me this 3^d day of October, 2005, by Mark K. Rasmus, as Trustee of the Mark K. Rasmus Revocable Trust u/a/d May 21, 2003, as General Partner, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Mary Anne Nielander
Notary Public
Print Name: _____

My Commission expires: _____



Subscribed and acknowledged before me this 3^d day of October, 2005, by Mark K. Rasmus and Elizabeth N. Rasmus, as Co-Trustees of the Elizabeth N. Rasmus Revocable Trust u/a/d May 21, 2003, as General Partner, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Mary Anne Nielander
Notary Public
Print Name: _____

My Commission expires: _____

