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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE JAPHETH SAMPSON FAMILY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

SHIRLEY JANE SAMPSON
(Contact Person)

(Firm/Company)

2040 CREEKWOOD RUN
(Address)

LAKELAND, FLORIDA 33809
(City, State and Zip Code)

For further information concerning this matter, please call:

SHIRLEY JANE SAMPSON at (863) 858-5028
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. THE JAPHETH SAMPSON FAMILY LIMITED PARTNERSHIP

*(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or L.L.P.*

2. 2040 CREEKWOOD RUN, LAKE LAND, FLORIDA 33809
(Street address of initial designated office)

3. Shirley Jane Sampson
(Name of Registered Agent for Service of Process)

4. 2040 Creekwood Run
(Florida street address for Registered Agent)

Lakeland, Florida 33809

5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Shirley Jane Sampson
Signature of Registered Agent

6. 2040 Creekwood Run, Lakeland, Florida 33809
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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06 MAR -6 PM 12:03
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

JAPHETH SAMPSON

2040 Creekwood Run

Lakeland, Florida

33809

SHIRLEY JANE SAMPSON

2040 Creekwood Run

Lakeland, Florida

33809

9. Effective date, if other than the dates of filing: _____

(Effective date cannot be prior to or more than 90 days after the date the document is filed by The Florida Department of State.)

Signed this 1st day of MARCH, 2006

Signature of each general partner:

Japheth Sampson

Shirley Jane Sampson

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06 MAR -6 PM 2:03
STATE
TALLAHASSEE, FLORIDA

Filing Fees: \$1,000.00 (\$965 Filing fee and \$35 Registered Agent fee)

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75