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: BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104 Phone : (904)366-1500 Fax Number : (904)366-1501

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

The Henricks Family Limited Partnership

Certificate of Status	1
Certified Copy	1
Page Count	03
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Electronic Filing Menu

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CERTIFICATE OF LIMITED PARTNERSHIP

THE HENRICKS FAMILY LIMITED PARTNERSHIP AHASSEE, FLORIDA

This Certificate of Limited Partnership is made and entered into this ________ day of February, 2006, by and between DOUGLAS G. HENRICKS, as the general partner (hereinafter, the "General Partner"), and the limited partners (hereinafter, the "Limited Partners"), whereby the parties hereto agree to form a limited partnership pursuant to Chapter 620 of the Florida Statutes and do hereby swear, affirm and certify as follows:

- 1. The name of the limited partnership is: THE HENRICKS FAMILY LIMITED PARTNERSHIP (the "Partnership").
- 2. The purpose of the Partnership is to engage in any lawful act or activity in which a partnership with or without limited partners may engage, including, without limitation, any and all phases of the business of owning, holding, managing, controlling, acquiring, purchasing, disposing of, or otherwise dealing in or with any interests or rights in any real or personal property, directly or through one or more other limited partnerships, limited liability companies or other entities or arrangements. The Partnership shall be entitled to make its investments within the State of Florida or within any other state which the General Partner deems appropriate.
- The principal place of business and mailing address of the Partnership is: c/o Douglas G. Henricks, 1211 Cleburne Drive, Ft. Myers, Florida 33919.
- The name and business address of the General Partner is: DOUGLAS G. HENRICKS, 1211 Cleburne Drive, Ft. Myers, Florida 33919.
- The name and address of the agent for service of process for the Partnership shall be: Brennan, Manna & Diamond, P.L., 76 South Laura Street, Suite 2110, Jacksonville, Florida 32202.
- 6. The Partnership's existence shall commence on the date the Certificate of Limited Partnership is filed with the Secretary of State of Florida and shall continue for fifty (50) years, unless sooner terminated by law or as provided in the Partnership Agreement.

Under the penalty of perjury, I declare that I have read the foregoing and acknowledge that the contents hereof and the facts stated herein are true and correct.

GENERAL PARTNER

DOUGLAS GI HENRICKS

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STATE OF FLORIDA COUNTY OF LEE

The foregoing Certificate of Limited Partnership was acknowledged before me this day of February, 2006, by DOUGLAS G. HENRICKS [1] who is personally known to me or [] who has produced as identification, and who has acknowledged that he signed such instrument of his own free will.

Notary Public, State of Florida at Large Notary's printed or stamped name:

My commission expires:

Linda K. Hiscock
Commission # DD409230 Expires March 28, 2009 Bonded Trey Felt - Insurance, Inc. 800-368-7010

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ACKNOWLEDGMENT BY REGISTERED AGENT

Having been named to accept service of process for the above stated Partnership at the place designated in this Certificate of Limited Partnership, and being familiar with the duties and responsibilities of serving as registered agent for said Partnership, the undersigned hereby agrees to act in this capacity and to comply with the provisions of said laws.

BRENNAN, MANNA & DIAMOND, P.L.

Randal C. Fairbanks, Member

SECRETARY OF STATE

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