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September 20, 2007

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

John C. Updike, Jr., Family Limited Partnership, LLLP, a Florida limited liability Re: limited partnership

Dear Gentlemen:

Enclosed for filing with the Department of State is a Certificate of Limited Partnership regarding the John c. Updike, Jr., Family Limited Partnership, LLLP. Please return all correspondence concerning this matter to my attention at the address listed above.

Also enclosed is a check in the amount of \$1061.25 representing the filing fee of \$965.00, certified copy fee of \$52.50, certificate of status fee of \$8.75 and designation of registered agent fee of \$35.00.

Quel B. myersby

Corneal B. Myers

CBM:dw Enclosures

cc:

John C. Updike, Jr.





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2007

PETERSON & MYERS, P.A. PO BOX 1079 LAKE WALES, FL 33859-1079

SUBJECT: JOHN C. UPDIKE, JR, FAMILY LIMITED PARTNERSHIP, LLLP

Ref. Number: W07000047460

We have received your document for JOHN C. UPDIKE, JR, FAMILY LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 507A00056229

CERTIFICATE OF LIMITED PARTNERSHIP OF JOHN C. UPDIKE, JR. FAMILY LIMITED PARTNERSHIP, LLLP A FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned, for the purpose of forming a limited partnership under the provisions of the Florida Revised Uniform Limited Partnership Act (1986), as set forth in Section 620.101, et. seq. of the Florida Statutes, do hereby certify to the following:

- 1. The name of the limited partnership is "JOHN C. UPDIKE, JR. Family Limited Partnership, LLLP".
- 2. The address of the office of the limited partnership required to be maintained by Section 620.105(1), Florida Statutes, is as follows:

68 Mammoth Grove Road Lake Wales, FL 33898-7330

3. The name and street address of the registered agent, for service of process on the limited partnership, required to be maintained by Section 620.105(2), Florida Statutes, are as follows:

JOHN C. UPDIKE, JR. 68 Mammoth Grove Road Lake Wales, FL 33898-7330

4. The name and business address of the general partner is:

JOHN C. UPDIKE, JR. P.O. Box 231 Lake Wales, FL 33859

PENELOPE UPDIKE P.O. Box 231 Lake Wales, FL 33859

ABIGAIL ANNE UPDIKE SKIPPER P.O. Box 416 Ft. Meade, FL 33841

JOHN CONNER UPDIKE, III 5336 Johnston Road Zolfo Springs, FL 33890

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5. The mailing address for the limited partners are as follows:

JOHN C. UPDIKE, JR. P.O. Box 231 Lake Wales, FL 33859

PENELOPE M. UPDIKE P.O. Box 231 Lake Wales, FL 33859

ABIGAIL ANNE UPDIKE SKIPPER P.O. Box 416 Ft. Meade, FL 33841

JOHN CONNER UPDIKE III 5336 Johnston Road Zolfo Springs, FL 33890

MARIA McKAY UPDIKE P.O. Box 231 Lake Wales, FL 33859

LETTA KATHERINE UPDIKE P.O. Box 231 Lake Wales, FL 33859

SUSAN PENELOPE UPDIKE P.O. Box 231 Lake Wales, FL 33859

- 6. The latest date upon which the limited partnership is to dissolve is December 31, 2075.
- 7. This partnership hereby elects to be a Florida limited liability limited partnership.

SIGNATURES ON FOLLOWING PAGE

IN WITNESS WHEREOF, the undersigned has executed this certificate as of the day of <u>September</u>, 2007. Signed, sealed and delivered **GENERAL PARTNER:** in the presence of: JOHN C. UPDIKE, JR. Family Limited Partnership, LLLP Printed Name: DOnne H. Williams Printed Name: Donne H. Williams

Printed Name: Doma H. Williams

ACCEPTANCE OF REGISTERED AGENT FOR THE JOHN C. UPDIKE, JR. FAMILY LIMITED PARTNERSHIP, LLLP

Having been named as registered agent to accept service of process upon the above named partnership, at the address designated in the certificate of limited partnership, 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 relating to the proper and complete performance of my duties, and I state that I am a resident of the State of Florida and I am familiar with, and accept, the obligations of my position as registered agent.

UPDIKE, JR.

Dated: <u>September 15</u>, 2007

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TALLAHASSEE, FLORIDA