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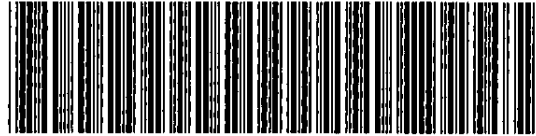
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W.F. Green (1912-1993)
William H. Green

Green & Green
Attorneys at Law
Post Office Box 609
DeFuniak Springs, Florida 32435

664 Baldwin Avenue
DeFuniak Springs, Florida 32435
Phone (850) 892-7213
Phone & Fax (850) 892-2137

October 22, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

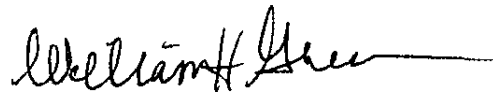
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

I am enclosing herewith Certificate of Limited Partnership of Sarah T. Senterfitt Family Limited Partnership, along with a certificate of designation for registered agent and check in the amount of \$1,000.00 to cover the costs of filing fees.

If you have any questions, please let me know.

Yours very truly,



WILLIAM H. GREEN

WHG/bb

Enclosures

CERTIFICATE OF LIMITED PARTNERSHIP

OF

SARAH T. SENTERFITT FAMILY LIMITED PARTNERSHIP

The undersigned, for the purpose of registering a limited partnership under the Florida Uniform Partnership Act, F.S. Chapter 620, hereby makes, acknowledges, and files this certificate of limited partnership and says:

ARTICLE I

The name of the limited partnership is Sarah T. Senterfitt Family Limited Partnership.

ARTICLE II

The street address and mailing address of the initial designated office of the limited partnership shall be 798 Senterfitt Road, DeFuniak Springs, Florida 32433.

ARTICLE III

The initial registered office shall be at 664 Baldwin Avenue, DeFuniak Springs, Florida 32435, and the initial registered agent shall be William H. Green.

ARTICLE IV

The name and address of the general partner is Sarah T. Senterfitt, 798 Senterfitt Road, DeFuniak Springs, Florida 32433.

ARTICLE V

The limited partnership is not a limited liability partnership.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned general partner has made and subscribed these Articles this 22 day of October, A.D. 2007.

Sarah T. Senterfitt
Sarah T. Senterfitt

STATE OF FLORIDA

COUNTY OF WALTON

The foregoing instrument was acknowledged before me this 22 day of October, A.D. 2007, by Sarah T. Senterfitt, who () is personally known to me or (X) has produced a Florida Driver's License for identification.

Patricia A. Brooks

Notary Public
State of Florida at Large
My Commission Expires:

PATRICIA A. BROOKS
Notary Public, State of Florida At Large
My Commission Expires June 11, 2011
Commission Number DD684396

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of Sarah T. Senterfitt Family Limited Partnership, as the registered agent of this limited partnership, hereby consents to accept service of process for the above stated partnership at the place designated in the articles, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Date: _____

10/22/07

William H. Green

William H. Green
Registered Agent

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TALLAHASSEE, FLORIDA