

AU80000000268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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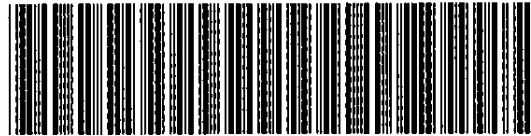
(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. KOHR

MAR 12 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Barnes Family Properties, Ltd.

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☒ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: *WC*

Name

Date *3/12*

Time *11:00*

Walk-In _____

Will Pick Up _____

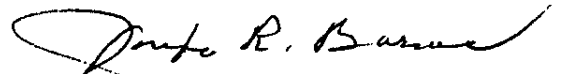
**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
BARNES FAMILY PROPERTIES, LTD.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned General Partner desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act of 2005 as set forth in Section 620 of the Florida Statutes, hereby states the following:

1. The name of the partnership is **BARNES FAMILY PROPERTIES, LTD.**
2. The address of the office of the partnership is **5924 Mandie Lane, Milton, Florida 32570-4925.**
3. The name and address of the registered agent for service of process on the partnership is: **JOSEFA R. BARNES, 5924 Mandie Lane, Milton, Florida 32570-4925.**

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.



JOSEFA R. BARNES
Registered Agent

4. The name and business address of the General Partner is as follows:

BARNES FAMILY MANAGEMENT, L.L.C.
c/o Josefa R. Barnes
5924 Mandie Lane
Milton, Florida 32570-4925

L 08000014224

5. The mailing address of the partnership is: **5924 Mandie Lane, Milton, Florida 32570-4925.**
6. The latest date upon which the partnership shall dissolve is **December 31, 2058.**

This Certificate of Limited Partnership has been executed by the General Partner, this 5th day of March, 2008.

BARNES FAMILY MANAGEMENT, L.L.C.,
a Florida Limited Liability Company

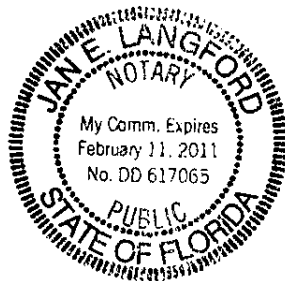
By: Josefa R. Barnes
Josefa R. Barnes, Its Manager

As the GENERAL PARTNER of
BARNES FAMILY PROPERTIES, LTD

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Before the subscriber, a Notary Public, personally appeared **JOSEFA R. BARNES**, who is personally known to me and who is described by the said name in and who executed the foregoing instrument, and to be Manager of **BARNES FAMILY MANAGEMENT, L.L.C.**, and who acknowledged and declared that she, as such officer of said limited liability company, and being duly authorized by it, signed its name and affixed its seal to and executed the said instrument for it and as its act and deed for the uses and purposes therein set forth.

GIVEN under my hand and official seal this 5th day of March, 2008.



Jan E. Langford
NOTARY PUBLIC
Typed Name: Jan E. Langford
Commission Expires: 02-11-2011
Commission No.: DD 617065

clients\barnes.jod\flp-2008\certificate