

A1100000792

CAUTHEN & FELDMAN, P.A. Fax 352-343-7759
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Nov 2011 12:22pm P001/004

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000262967 3)))



H110002629673ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAUTHEN AND FELDMAN, P.A.
Account Number : I19980000085
Phone : (352) 343-2225
Fax Number : (352) 343-7759

FILED
11 NOV -3 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LP/LLLP
JAMES AND MABEL FAMILY PARTNERSHIP, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

RECEIVED
11 NOV -3 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligan NOV - 4 2011

FILED

11 NOV -3 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAudit # H11000262967_3

**CERTIFICATE OF
LIMITED PARTNERSHIP OF
JAMES AND MABEL FAMILY PARTNERSHIP, LLLP**

The undersigned, constituting all of the general partners, hereby execute this Certificate of Limited Partnership for the purpose of forming a limited partnership under the laws of the State of Florida.

1. **Name of Partnership.** The name of the Partnership shall be JAMES AND MABEL FAMILY PARTNERSHIP, LLLP.

2. **Address of Recordkeeping Office; Agent for Service of Process.** The records to be kept pursuant to Florida Statute Section 620.1114 shall be located at 16750 State Road 52, Land-O-Lakes, FL 34638-6812 and the name of the Partnership's agent for service of process is MABEL H. BEXLEY, and the address of the registered agent is 16750 State Road 52, Land-O-Lakes, FL 34638-6812.

3. **Name and Business Address of the General Partners.**

(a) The names and addresses of the General Partners are:

<u>Name</u>	<u>Address</u>
JAMES P. BEXLEY, Trustee of the JAMES P. BEXLEY FAMILY TRUST dated April 9, 2009	Post Office Box 158 Land-O-Lakes, FL 34639
MABEL H. BEXLEY, Trustee of the MABEL H. BEXLEY FAMILY TRUST dated April 9, 2009	Post Office Box 158 Land-O-Lakes, FL 34639

H. John Feldman, Esquire
CAUTHEN & FELDMAN, P.A.
215 North Joanna Avenue
Tavares, FL 32778
(352) 343-2225
Florida Bar No. 0382965
Audit # H11000262967_3

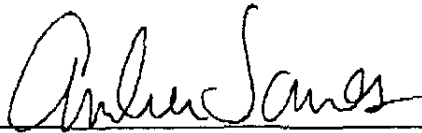
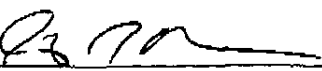
Audit # H11000262967 3

4. Mailing Address and Street Address for the Limited Partnership. The mailing address for the Limited Partnership shall be Post Office Box 158, Land-O-Lakes, FL 34639. The street address for the Limited Partnership shall be 16750 State Road 52, Land-O-Lakes, FL 34638.

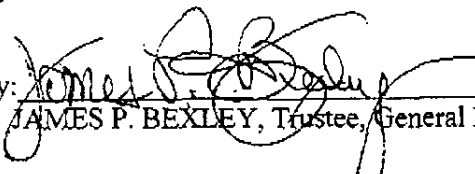
5. Limited Liability Limited Partnership. The Limited Partnership shall be a limited liability limited partnership.

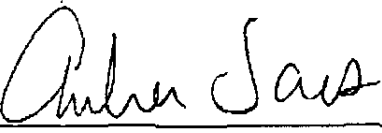
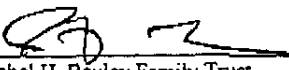
DATED this 3rd day of November, 2011.

Under the penalties of perjury, we declare that we have read the foregoing and that the facts alleged are true, to the best of our knowledge and belief.



As to James P. Bexley Family Trust

JAMES P. BEXLEY FAMILY TRUST dated
April 9, 2009

By: 
JAMES P. BEXLEY, Trustee, General Partner



As to Mabel H. Bexley Family Trust

MABEL H. BEXLEY FAMILY TRUST dated
April 9, 2009

By: 
MABEL H. BEXLEY, Trustee, General Partner

Audit # H11000262967 3

Audit # H11000262967 3**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for the within Limited Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


MABEL H. BEXLEY

FILED
11 NOV -3 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit # H11000262967 3