

STANCOX, Inc.  
101 WAYS ST. #11  
AUSTIN, TEXAS 78701  
512-476-9171  
512-476-0391 FAX



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495000000151

### CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 620 108 of the Florida Statutes, the following statement is made

1 The name of the Limited Partnership is 413 Limited Partnership

2 The address of the office and name and address of the agent for service of process required to be maintained by Section 620 105 of the Florida Statutes is

Elcie N French  
413 Hickory Ridge Drive  
Sebring, Florida 33870

3 The name and business address of each General Partner is

Elcie M. French  
413 Hickory Ridge Drive  
Sebring, Florida 33870

4 The mailing address for the Limited Partnership is:

Elcie M. French  
413 Hickory Ridge Drive  
Sebring, Florida 33870

5. The latest date upon which the Limited Partnership is to dissolve is December 31, 2038

Elcie M. French

Elcie M. French

COUNTY OF HIGHLAND)  
STATE OF FLORIDA )

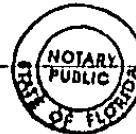
I, Edward R. Schaefer, a Notary Public in and for the State of Florida do hereby certify that Elcie M. French, 11 personally known to me (\_\_\_\_ produced identification of \_\_\_\_\_) as the person who executed the foregoing Certificate of Limited Partnership bearing date of the 8 day of JAN, 1995, personally appeared before me in said County and State, and who took an oath.

Witness my hand and seal this 8 day of JAN 1995.

Edward R. Schaefer

Notary Public

Print Name



EDWARD R. SCHAEFER  
My Comm Exp. 4/05/98  
Bonded By Service Ins.  
No. CC361845  
(4) Remedy Known  
1100w L.A.

305

LIMITED PARTNERSHIP AFFIDAVIT

COUNTY OF HIGHLAND)  
STATE OF FLORIDA )

Pursuant to Section 620.108 of the Florida Statutes, the following statement is made.

- 1 The undersigned is General Partner of 413 Limited Partnership
- 2 The amount of the original capital contributions of the Limited Partners is Ten thousand dollars (\$10,000) The additional amount anticipated to be contributed by the Limited Partners is \$0.

FURTHER AFFIANT SAYETH NAUGHT.

Elicie M. French

Elicie M. French

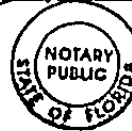
COUNTY OF HIGHLAND)  
STATE OF FLORIDA )

I, Edward R. Somberg, a Notary Public in and for the State of Florida do hereby certify that Elcie M. French, 12 personally known to me (        produced identification of        ) as the person who executed the foregoing Certificate of Limited Partnership bearing date of the 8 day of JAN, 1995, personally appeared before me in said County and State, and who took an oath.

Witness my hand and seal this 8 day of JAN 1995.

Edward R. Somberg

Notary Public



EDWARD R. SOMBERG  
My Comm. Exp. 4/05/98  
Bonded By Service Ins  
No. CC361845

☒ Personally Known ☐ Other L.B.

Print Name

ACCEPTANCE BY REGISTERED AGENT

I having been named to accept service of process for the 413 Limited Partnership at a place designated in the Certificate of Partnership, I hereby agree to act in this capacity, and agree to comply with the provision of law relative to the performance of my duties.

Elcie N. French

Elcie N French  
Registered Agent

FILED  
1997 JUN 30 PM 3:05

FILE ON OR BEFORE DECEMBER 31, 1995 ON PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000151

413 LIMITED PARTNERSHIP

96-AR  
CM

Mailing Address

% ELCIE N. FRENCH  
413 HICKORY RIDGE DRIVE  
SEBRING FL 33870

Principal Office Address

% ELCIE N. FRENCH  
413 HICKORY RIDGE DRIVE  
SEBRING FL 33870

If Mailing Address and Principal Office Address are the same, enter only one address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in  
FLORIDA 01/30/1995

3a. Date of Last Report  
First Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown  
on Record  
\$10,000.00

5b. Amount of Capital Contributions in  
FLORIDA to date  
None

6. FET Number  
59-3289618

Applied Fee  
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

See 7a. Additional fee required  
for a Certificate of Status

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5a blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.  
2) Supplemental Fee. \$138.75 (pursuant to section 607.103, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$138.75) AND NO MORE THAN \$378.25 (\$137.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

postmarked 4/12/96

9. Name and Address of Current Registered Agent

FRENCH, ELCIE N  
413 HICKORY RIDGE DRIVE  
SEBRING FL 33870

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc

City

Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

FRENCH, ELCIE M

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

413 HICKORY RIDGE DRI

11b. City, State & Zip Code

SEBRING FL 33870

11c. Registration/  
Document Number

100001788841  
-04/22/96--01058--005  
\*\*\*\*191.25 \*\*\*\*191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Elcie M French

DATE

4/10/96

Telephone Number

Typed or Printed Name of General Partner Signing Form

0010437

CR2E03 (6/95)