

FRANK P. NISI, JR. & ASSOCIATES, P.A.
ATTORNEYS AT LAW

205 EAST CENTRAL BLVD, SUITE 304 • ORLANDO, FLORIDA 32801 • (407) 422-5068 • FAX (407) 422-9166

A95000000342

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

300001422443
-03/07/95--01054--005
****192.50 ****192.50

Dear Sir:

Enclosed for filing with the Division of Corporations is the original and one conformed copy of the Certificate of Limited Partnership and Affidavit of Capital Contributions for Deardoff Limited, a Florida Limited Partnership.

Also enclosed is a check payable to the Department of State in the amount of \$192.50. This includes a \$35.00 filing fee, a \$52.50 fee for a certified copy of such certificate, and a \$105.00 (\$7.00 per \$1,000.00) filing fee with the Department of State based on a \$15,000.00 capital contribution.

Please return a certified copy to me at the address listed above.

Sincerely,



Frank P. Nisi, Jr.

FILED
MAR -7 PM 12:37
TALLAHASSEE, FLORIDA

Name	FPN:ms
Availability	3/8/95 dex
Document	Enclosures
Examiner	
Updater	
Updater Verifier	
Acknowledgement	BCC
W. P. Verifier	BCC

TC
\$15,000.00

A95000000342

CERTIFICATE OF LIMITED PARTNERSHIP OF
DEARDOFF, LIMITED, A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Law as set forth in Section 620.108 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is DEARDOFF LIMITED.
2. The address of the office of the Partnership is 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752.
3. The name and address of the agent for service of process on the Partnership are R. Bruce Deardoff, 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752.
4. The names and business address of the general partners are as follows:

R. Bruce Deardoff 1850 East Merritt Island Causeway
Merritt Island, Florida, 32752

Sandra M. Deardoff 1850 East Merritt Island Causeway
Merritt Island, Florida, 32752

5. The mailing address of the Partnership is 1850 East Merritt Island Causeway, Merritt Island, Florida, 32752.
6. The latest date upon which the partnership shall dissolve is December 31, 2075.

IN WITNESS WHEREOF, this certificate of Limited Partnership has been executed by all of the general partners of DEARDOFF LIMITED this 21st day of February, 1995.

General Partners:

R. Bruce Deardoff
R. Bruce Deardoff

Sandra M. Deardoff
Sandra M. Deardoff

Sworn to and subscribed before me this 21st day of February, 1995. The above-signed are personally known to me or produced a Florida Driver's License as identification.

[Signature]
Notary Public, State of Florida
at Large

My commission expires:



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

DEARDOFF LIMITED, a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$15,000.00

The total amount contributed and anticipated to be contributed by the limited partners at this

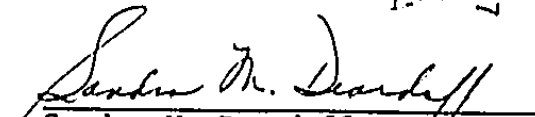
time totals \$15,000.00

This 21st day of February, 1995.

FURTHER AFFIANT SAYETH NOT.

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.

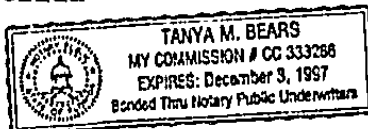

R. Bruce Deardoff
General Partner


Sandra M. Deardoff
General Partner

Sworn to and subscribed before me this 21st day of February, 1995. The above-signed are personally known to me or produced a Florida Driver's License as identification.


Notary Public, State of Florida
at Large

My commission expires:



(Print Type or Stamp) _____
Personally Known ☒ (If Not, then attach to this) _____
Type of I.D. Produced _____

A 95000000342

OFFICE USE ONLY (Document #)

Dearcliff Limited

(Requestor's Name)

1850 E. Merritt Island Causeway

(Address)

Merritt Island, FL 32752

(City, State, Zip)

(Phone #)

500001668115
-12/21/95--01060--011
***2326.25 ***1750.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other _____

AMENDMENTS	
☒	Amendment <i>Supplemental Affidavit</i>
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

increasing to \$389,000.00

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

W. P. Verifier ☐ DCC

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

C. TAX 1,750.00

FIN 1,750.00

REFUND

Examiner's Initials	
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, who are all the General Partners of DEARDOFF LIMITED, a Florida Limited Partnership, declare that the supplemental capital contributions of all the Limited Partners in the Partnership during the 1995 calendar year are \$389,000.

IN WITNESS WHEREOF, the undersigned, constituting all of the General Partners of Deardoff Limited, a Florida Limited Partnership, have signed this affidavit as of the date set forth below.

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

General Partners:

R. Bruce Deardoff
R. Bruce Deardoff

Sandra M. Deardoff
Sandra M. Deardoff

FILED
95 DEC 19 PM 2:00
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me this 17 day of November, 1995, by R. Bruce Deardoff, who is personally known to me or who produced a Florida Drivers License/ _____ as identification.

Tanya M. Beas
Notary Public, State of
Florida at large;

My commission expires

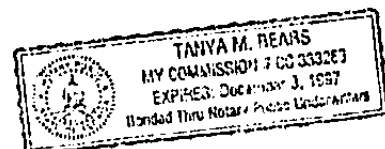


Sworn to and subscribed before me this 17 day of November, 1995, by Sandra M. Deardoff, who is personally known to me or who produced a Florida Drivers License/ _____ as identification.

Tanya M. Beas
Notary Public, State of
Florida at large;

My commission expires:

sysic:\pshpj\vd\rd\pshp.aff



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

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
DANIEL M. MATTHEWS
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 18 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000342

DEARDOFF LIMITED

Mailing Address
1850 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32752

Principal Office Address
1850 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32752

2. New Mailing Address, if applicable

Date: Apt. # etc.

City, State & Zip

700001668117

2a. New Principal Office, if applicable

12/21/95 01060-011
***2328-25 ***576-25

Date: Apt. # etc.

City, State & Zip

If above addresses are incorrect in any way, file through the nearest information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA 03/07/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
\$15,000.00

5b. Amount of Capital Contributions in FLORIDA to date
\$339,000

6. FEET Number
59-3347927

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$6.75 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 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50. 2) Supplemental Fee. \$138.75 (pursuant to section 607.193, F.S.) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$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. \$2,326.25

9. Name and Address of Current Registered Agent

DEARDOFF, R. BRUCE
1850 EAST MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32752

10. If changed, new Registered Agent/Office

Name

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

Date: Apt. # etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

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

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

DEARDOFF, R. BRUCE
DEARDOFF, SANDRA M

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

1850 EAST MERRITT ISL
1850 EAST MERRITT ISL

11b. City, State & Zip Code

MERRITT ISLAND FL 327
MERRITT ISLAND FL 327

11c. Registered Document Number

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I 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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee as provided to me for this report as required by Chapter 620, Florida Statutes.

SIGNATURE

R. Bruce Deardoff

R. Bruce Deardoff

DATE

12/15/95

Typed or Printed Name of General Partner Signing Form

Telephone Number

000688

CR2E003 (8/95)