A 95000000532

95 APR -3 PM 4:11

Oven, Gwynn, Strickland & Miller P.A. (Requestor's Name)
P.O. Box 10508 (Address)
Tallahassee, FL 32302 (City, State, Zip) 222-2016 (Phone #)

OFFICE USE ONLY

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR -3 PM 4:19

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

1. BLT of North Florida, Ltd. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 30 PM 4:17

[X] Walk in [ ] Pick up time ______ [ ] Certified Copy

[X] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

300001449529
-04/06/95--01049--009
*1218.00 ***1218.00

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

C. TAX ______
FILING 1,183.00
R. AGENT FEE 35.00
C. COPY ______
TOTAL 1,218.00
R. BANK ______
BALANCE DUE ______
REFUND ______

1,183.00
35.00
1,218.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials: BA

CR2E031(10/92)

AFFIDAVIT AND CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Partnership Act as set forth in Sections 620.101 et seq. of the Florida Statutes, certifies as follows:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:19

1. The name of the limited partnership is BLT of North Florida, LTD.

2. The address of the office of the partnership at which place the records shall be maintained is 2527 Apalachee Parkway, Tallahassee, Florida 32301.

3. The name and address of the agent for service of process is: Harold A. Smith, 2527 Apalachee Parkway, Tallahassee, Florida 32301.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 PM 4:18

4. The name and business address of the general partner in the limited partnership is as follows:

Harold A. Smith
2527 Apalachee Parkway
Tallahassee, Florida 32301

5. The mailing address of the limited partnership is 2527 Apalachee Parkway, Tallahassee, Florida 32301.

6. The effective date of this Limited Partnership shall be when the certificate is filed with the Secretary of State.

7. The latest date upon which the Limited Partnership is to be dissolved and its affairs wound up will be March 1, 2035.

8. The Limited Partners will make initial capital contributions for their partnership interest of $169,000.00 and there are no additional contributions anticipated at this time.

9. Each general partner hereby acknowledges that pursuant to the Act:

A. The execution of this certificate by the general partners constitutes an affirmation under penalties of perjury that the facts stated herein are true;

B. The general partners accept the liability imposed by the Act on the general partners for a false statement contained in this certificate; and

C. If, after the execution of this certificate a general partner knows that any arrangement or other fact described

in any material respect, the general partner will forthwith cause this certificate to be canceled or amended, or file a petition for its cancellation or amendment pursuant to the terms of the Act.

WITNESS WHEREOF, the undersigned general partner has executed the foregoing Limited Partnership Certificate as of the 3rd day of April, 1995.

HAROLD A. SMITH

General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:49

STATE OF FLORIDA
COUNTY OF LEON:

The foregoing document was acknowledged before me this 3rd day of April, 1995 by HAROLD A. SMITH, who is personally known to me or who has produced _____ as identification.

Cynthia B. Crisp
Notary Public, State of Florida
at Large.

My Commission Expires:

CYNTHIA B. CRISP
MY COMMISSION # CC 249508
EXPIRES: January 31, 1997
Bonded Thru Notary Public Underwriters

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 FEB -8 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000532

BLT OF NORTH FLORIDA, LTD.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

200001713752
-02/13/96--01105--005
****191.25--****191.25

Mailing Address	Principal Office Address
2527 APALACHEE PARKWAY	2527 APALACHEE PARKWAY
TALLAHASSEE FL 32301	TALLAHASSEE FL 32301

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

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

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
04/03/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$169,000.00	600		X Applied For / Not Applicable — $8.75 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. $130.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $130.75) AND NO MORE THAN $568.25 ($437.50 + $130.75)
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

2-9

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
SMITH, HAROLD A 2527 APALACHEE PARKWAY TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL — Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SMITH, HAROLD A	2527 APALACHEE PARKWA	TALLAHASSEE FL 32301	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 [signature] DATE 12/31/95

Typed or Printed Name of General Partner Signing Form HAROLD SMITH Telephone Number 904-878-1188

CR2E003 (6/95)

0009455

A95000000532

BLT of North Fla., Ltd
Requestor's Name

2527 Apalachee Pkwy
Address

Talla., FL 32301
City/State/Zip Phone #

FILED
97 MAY 12 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM Office Use Only

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

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(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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-05/16/97--01081--015
****672.07 ****672.07

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
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	NonProfit
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	Trademark
	Other

Examiner's Initials	

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of BLT of North Florida, Ltd.

_____, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: $ 265,005.00

This 1st day of May, 19 97.

FURTHER AFFIANT SAYETH NOT.

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

FILED
97 MAY 12 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

General Partner(s)

_____

_____

_____

FEES:
$7 per $1,000 based on the additional contributions
(Minimum $52.50 - Maximum $1,750.00)

INHSE20(3/95)